

Public Health Considerations Relating to the Implementation of the Nagoya Protocol

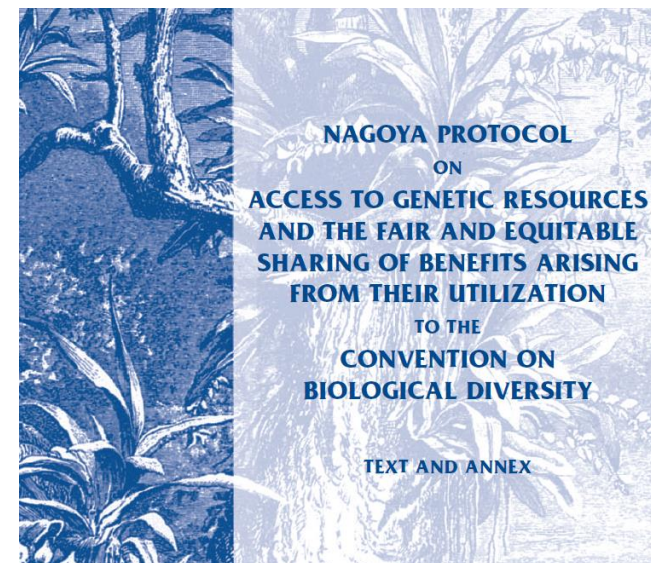


**World Health
Organization**

WHY is this a matter for Health Ministries?

1. Nagoya Protocol is *a*lso a Public Health instrument...

- Preamble
 - Parties are mindful of the **IHR (2005)** and of the importance of ensuring **access to human pathogens for public health** preparedness and response purposes
- Article 8(b)
 - Obligation on Parties to “pay due regard to cases of **present or imminent emergencies that threaten or damage human**, animal or plant **health**, as determined nationally or internationally” in implementing the Protocol



2. Its implementation has public health implications...

WHAT has WHO already done?

- Established in 2018 an internal WHO working group composed of representatives from all relevant units under the direction of the DG
- EB138 (1/2016) requested the DG to “prepare a study ...”; presented at EB140 (1/2017, **EB140/15**)
- Key findings:
 1. The Nagoya Protocol has implications for the public health response to infectious diseases, including influenza; and
 2. These implications include opportunities to advance both public health and principles of fair and equitable sharing of benefits.



EXECUTIVE BOARD
140th session
Provisional agenda item 7.4

EB140/15
23 December 2016

Implementation of the International Health Regulations (2005)

Public health implications of the implementation of the Nagoya Protocol

Report by the Secretariat

Executive summary

1. The Executive Board at its 138th session in January 2016 considered the report of the First Meeting of the Review Committee on the Role of the International Health Regulations (2005).¹ During the discussions,² it was agreed that the Secretariat would prepare a study, for presentation to the Board at its 140th session, in order to analyse how the implementation of the Nagoya Protocol might affect the sharing of pathogens, and the potential public health implications. The full report by the Secretariat will be made available in due course, in all six official languages, on the WHO website.³

2. The present summary contains the following: a brief statement of the methodology employed; background information; key findings; and main considerations raised and options proposed by Member States and stakeholders. It is intended as an aid to Member States in their consideration of the full report.

Methodology

3. This analysis was prepared using a multi-pronged approach to information-gathering, which included a call to Member States, through their health and environmental sectors, and to stakeholders, for written responses to key questions, as well as in-person and telephone interviews with relevant stakeholders and experts. In addition to relevant internal units of the Secretariat, various international organizations, including the secretariat of the Convention on Biological Diversity and FAO, were also consulted.

¹ Document EB138/20.

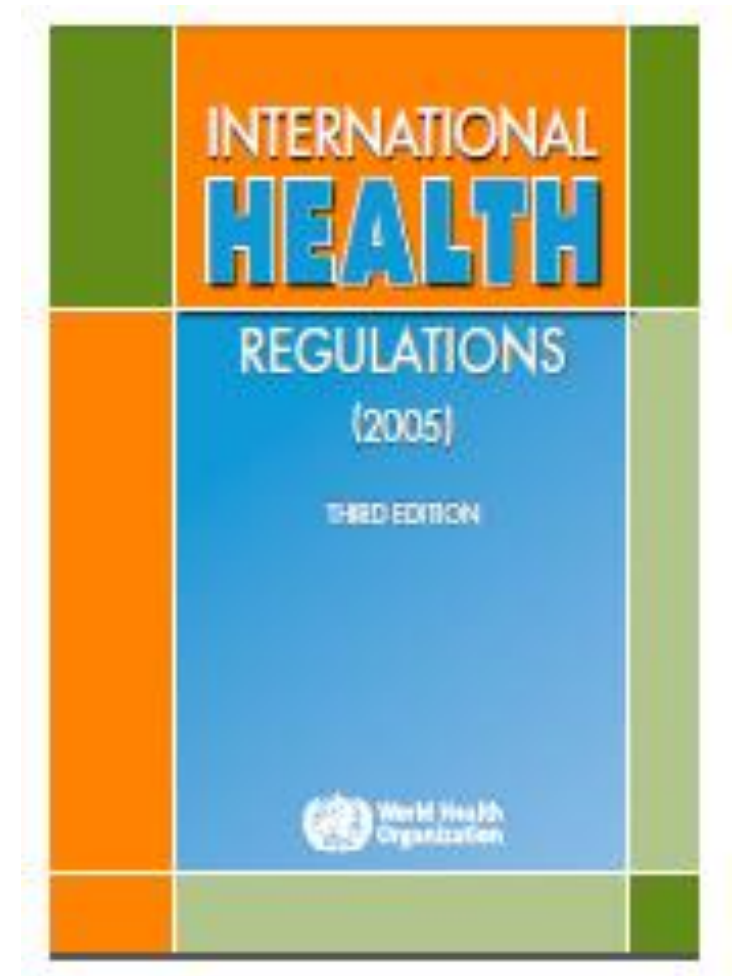
² See document EB138/2016/REC/2, summary record of the second meeting, section 1.

³ The relevant section can be found at <http://www.who.int/influenza/pip/2016-review/en/>.



WHY is pathogen sharing important?

- **Pathogen sharing is essential to:**
 - Conduct surveillance and risk assessment;
 - Develop diagnostic tools;
 - Implement evidence-based public health strategies;
 - Develop more effective vaccines and therapeutics;
 - Conduct scientific research for health
- **Timely sharing strengthens global efforts to prevent and respond to public health events and emergencies**



WHAT is the status of NP implementation?

- As of December 2018:

- ~ 116 Parties
- ~ 59 countries with ABS legislation in place
- ~ 33 countries have specific ABS procedures for public health
- ~ 60 days to ≥ 6 months: timelines for issuance of permits



Data from ABS Clearing-House: <https://absch.cbd.int/>

WHAT are examples of NP implications for PH?

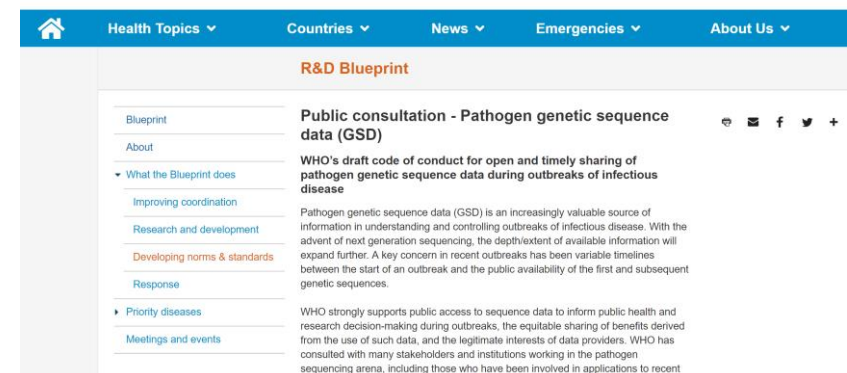
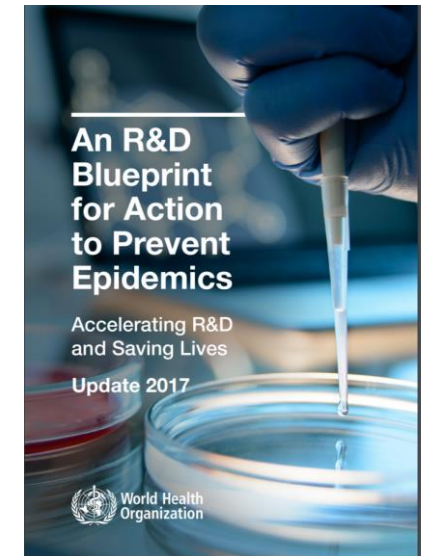
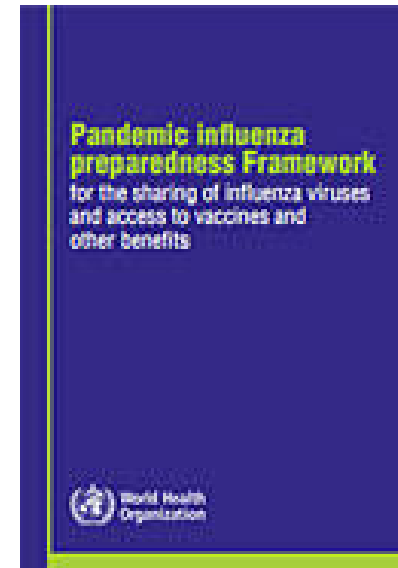
Implementation of NP has resulted in reports of issues regarding Zika, Lassa fever, Ebola, malaria, influenza and cholera samples due to:

- Uncertainty about ABS measures
- Delays in replying to queries under the Nagoya Protocol;
- Resource constraints re: negotiating bilateral PIC and MAT agreements



WHAT NP mechanisms are there for ABS for pathogens?

- Article 4(4)
 - The Protocol does not apply to genetic resources that are covered by a “**specialized international access and benefit-sharing instrument**” that is consistent with, and does not run counter to the objectives of the Convention and the Protocol”
- Article 10
 - ...**global multilateral benefit-sharing mechanism** to address ... sharing of benefits ...
- Article 19
 - Sectoral and cross-sectoral **model contractual clauses** for mutually agreed terms
- Article 20
 - Voluntary **codes of conduct, guidelines and best practices and/or standards** in relation to access and benefit-sharing



WHAT are the Potential opportunities for public health?

- Improved equity and fairness, leading to greater trust in global public health system;
- Improved global access to affordable vaccines and treatments, technologies, and knowledge;
- Support capacity-building for public health, e.g., disease surveillance and R&D, particularly in developing countries.



HOW do we advance these opportunities?

- Understanding
- Collaboration