To:
Dr. Tedros Adhanom Ghebreyesus
The Director General
World Health Organization

Subject: Urgent Concerns Regarding WHO Pathogen-Sharing Practices and the PABS Annex Negotiations

We, the undersigned organisations from around the world write to draw your urgent attention to matters concerning the existing WHO-coordinated networks relevant for pathogens with epidemic and pandemic potential, the disregard for access and benefit sharing rules and principles and the urgent need to address these concerns in the Pathogen Access and Benefit-Sharing (PABS) Annex of the Pandemic Agreement which is currently under negotiation.

Secretariat's concept note circulated during the fifth meeting of the Intergovernmental Working Group (IGWG), listing some of the current pathogen sharing arrangements, suggests that there are at least 15 WHO coordinated networks engaged in pathogen sample or digital sequence information (DSI) sharing without any regard for access and benefit sharing principles, facilitating biopiracy including digital biopiracy and increasing biosecurity risks.

Currently only WHO's Pandemic Influenza Preparedness (PIP) Framework has operationalized access and benefit-sharing (ABS) norms for the sharing of PIP biological materials through legally binding contracts – standard material transfer agreements (SMTAs) and a tracking mechanism – the influenza virus tracking mechanism (IVTM). Other networks, mentioned in the concept note (which often involve hundreds of varied institutions beyond laboratories) appear to function without comparable ABS frameworks.

We are deeply concerned that WHO's approach to pathogen sequence information sharing is actively enabling and promoting digital biopiracy, rather than safeguarding the rights of Member States. WHO is encouraging the deposit of pathogen sequence information into databases that have made no commitment to operationalising ABS obligations and that remain entirely unaccountable to WHO and its membership. Critically, WHO has failed to mandate user registration, identity verification, and Data Access Agreements as baseline requirements when selecting or recommending databases — despite these being indispensable mechanisms for operationalising Member States' rights to fair and equitable benefit-sharing from the use of digital sequence information.

Anonymous access makes it structurally impossible to track who is using pathogen sequence information, for what purpose, and whether any benefit-sharing obligations are being met. In practice, this means that genetic resources originating in developing countries can be accessed, commercialised, and exploited with complete impunity, and with WHO's implicit endorsement.

WHO's actions demonstrate a troubling disregard for international law of the Convention on Biological Diversity (CBD) and its Nagoya Protocol on Access and Benefit-Sharing. [1]WHO has also departed from its own Laboratory Guidance 2024 which recommends use of material transfer agreements specifying "*the quantity and nature of the material being transferred"*, *"limitations on the use or distribution of the material"* and the rights and responsibilities of both the provider and recipient of the material, such as "intellectual property rights", "publication of information (data) generated from materials" and "liability for any harm resulting from the use of the material".

Furthermore, we also understand that during the INB and IGWG negotiations the WHO Secretariat has repeatedly rejected proposals from developing countries, to establish a WHO PABS Sequence Database. While the Secretariat has cited resource constraints and potential disruption to existing "open access" data infrastructures as reasons for its refusal no concrete assessment of required resources or substantiated explanation of the claimed disruption has been provided to Member States.

It is also important to recognize that much of the current data infrastructure is privately owned or controlled by institutions based in a few developed countries. These databases are not accountable to WHO Members and are not committed to effectively operationalise ABS especially those that allow anonymous access. Moreover, their mode of operation can change at any time. We have seen how quickly platforms can be transformed following governance changes — as when Twitter became X after its takeover by Elon Musk. The SNP-SEEK database, which was until recently providing free-of-charge access to sequence information has now started to charge for subscriptions. **There is no guarantee that existing private sequence databases will always remain stable, provide non-discriminatory access[2] that is free of charge and importantly will be dedicated to applying systems to successfully facilitate fair and equitable benefit-sharing.**

Hence, we strongly believe that WHO Members must have the possibility to provide access to their sequences to a multilaterally governed WHO PABS Sequence Database that is committed to implementing and operationalizing ABS effectively.

We would also recall the WHO's Global guidance framework for the responsible use of the life sciences, 2022, which states: *"The increasing development of large health data sets, research and DNA databases, the digitization of health data and the increasing use of integrated data require biodata to be well managed... Biodata have dual use potential. (While they are) ...critical during health emergencies... the risk that data might be misused for harmful purposes requires mechanisms and expertise that ensure these data are kept secure.***" This reinforces the need for robust safeguards as highlighted in the letter sent**

[1] Article 15 of the CBD establishes fundamental principles governing genetic resources, recognizing the sovereign rights of States to determine conditions of access, terms of use including the management of data generated from such resources such as its storage, sharing, and subsequent utilization. It further provides that access shall be subject to national legislation and mutually agreed benefit-sharing arrangements, and that utilization must be environmentally sound, and also envisages research and development with the full participation of provider countries and, where feasible, within their territories. The Nagoya Protocol further elaborates Article 15 by providing a framework for Parties to establish national and international access and benefit-sharing measures based on contractual obligations, and prior informed consent, including with respect to monitoring utilization and third-party transfers. While CBD Decision 16/2 clarifies that such contractual arrangements may extend to sequence information derived from genetic resources, the Decision 15/29 calls for strengthened compliance with international and national ABS obligations in the health sector, including with respect to sequence information. To the contrary, the WHO Secretariat, by facilitating laboratory networks that transfer pathogens across borders, without binding benefit-sharing agreements and by not regulating access to and the use of sequence information generated from shared pathogens, has effectively sidelined the ABS principles and legal commitments under the Convention and the Nagoya Protocol.

[2] For e.g. a Science report of April 2025 states that the U.S. National Institutes of Health (NIH) has barred scientists in China and five other "countries of concern" from accessing 21 biomedical databases, which hold information on genetic variation, cancer cases, neurodegenerative diseases, and more.

to Member States dated 10 February 2026 titled "BIOSECURITY Issues IN THE PABS NEGOTIATIONS"[3]

Unfortunately, instead of supporting efforts to address these concerns, the WHO Secretariat has often advocated for a PABS system that would effectively make the sharing of pathogens and related DSI an obligation, without proportionate benefit-sharing or adequate safeguards against misuse.

We respectfully stress that as a UN specialized agency, WHO has a duty to ensure that its mechanisms and networks fully respect the CBD and the Nagoya Protocol. It must refrain from actions that directly or indirectly enable biopiracy or heighten biosecurity risks. WHO also has a responsibility to advise and caution IGWG members against proposals that create loopholes or facilitate or legitimise biopiracy. This includes resisting attempts especially by developed countries to roll back or dilute commitments already secured in Article 12 of the Pandemic Agreement.

In addition, we urge you to ensure that the PABS System:

1. Establishes a multilaterally governed WHO PABS Sequence Database: to share PABS Sequence Information subject to user registration, verified access credentials, and PABS agreed data access agreements. In addition, If any third-party database is recognised, it must be required to implement the same standards and safeguards. Without user registration, identity verification, and enforceable data access agreements, the PABS system will be unable to ensure compliance — and will fail to deliver fair and equitable benefit-sharing and worryingly increase biosecurity risks.

2. Establishes standardized legally binding contracts applicable to the sharing of pathogens with pandemic potential under the PABS system and related sequences. These standard contracts should set out the terms of use and benefit sharing requirements, and be enforceable with provisions on dispute settlement. Recipients of materials and sequence information should conclude these contracts prior to access.

3. Establishes robust traceability mechanisms for both the pathogen materials and sequence information using advanced digital technologies to ensure transparency and accountability.

4. Provides predictable access to vaccines, therapeutics and diagnostics as a predetermined benefit-sharing obligation (before accessing PABS resources) for participating manufacturers at all stages of an outbreak, including prior to PHEIC, during PHEIC, and in pandemic situations. There is no justification for refusing to provide firm access commitments either to avert a PHEIC or to respond effectively once one has been declared.

5. Provides meaningful concrete benefits from every recipient of material and sequence information include production licenses to diversify manufacturing in developing countries and monetary benefit sharing as these materials and sequences have significant commercial value beyond the production of vaccines, therapeutics and diagnostics.

Finally, given the seriousness of the issues at stake and their long-term implications, negotiations must not be rushed. WHO should not place undue pressure on developing countries to dilute their positions simply to secure a quick conclusion.

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[3] https://itforchange.net/sites/default/files/add/SCIENTISTS%20LETTER%20ABOUT%20BIOSECURITY%20ISSUES%20IN%20PABS.pdf