Jonas Gahr Støre
Prime Minister of Norway

Jan Christian Vestre
Ministry of Health and Care Services
Norway

Åsmund Grøver Aukrust
Minister of International Development

Subject: Serious Concerns Over Norway's Position in WHO Negotiations on the Pathogen Access and Benefit Sharing (PABS) System

Dear Prime Minister,

We, the undersigned civil society organisations from around the world, are writing to express serious concerns regarding Norway's current positions in the ongoing World Health Organization (WHO) negotiations on the Annex to the Pandemic Agreement concerning the Pathogen Access and Benefit-Sharing (PABS) System.

Norway has long portrayed itself as a champion of equity, multilateralism, and responsible global governance. As a party to the Convention on Biological Diversity (CBD) and its Nagoya Protocol on Access and Benefit-Sharing (ABS), it has also been a strong supporter of the access and benefit-sharing principles enshrined in those instruments.

Against this backdrop, Norway's positions in the PABS negotiations are difficult to reconcile with its longstanding commitments. Norway is opposed to proposals aimed at strengthening transparency, accountability, legal certainty, and alignment with international law. These proposals are central to ensuring that the sharing of pathogen materials and sequence information results in fair and equitable benefit-sharing.

As a result, Norway's stance is increasingly inconsistent with its reputation as a defender of equity and fairness in global health governance. In fact, Norway is blatantly backtracking on elements agreed in Article 12 of the Pandemic Agreement concerning the development of the PABS system and is deliberately undermining the PA objective of preparing for and responding to a pandemic, guided by equity.

First and foremost, Norway opposes operationalising access and benefit-sharing through contractual arrangements with every recipient of PABS biological materials and sequence information. It also resists requiring recipients to agree to ABS conditions prior to gaining access.

This position runs counter to well-established global ABS principles, which recognise that access to biological resources — over which States exercise sovereign rights — must be subject to mutually agreed terms. Both the CBD and its Nagoya Protocol, as well as widespread national and international practice makes clear that a functioning ABS system is grounded in contractual agreements concluded before access is granted.

There is over 15 years of positive experience within WHO using standard contracts under the Pandemic Influenza Preparedness (PIP) Framework for sharing influenza viruses with pandemic potential. These agreements have demonstrated that contractual arrangements can facilitate rapid access to pathogens while ensuring clear benefit-sharing commitments. Similar practices are common domestically in Norway as

well, where biological materials are routinely transferred under standard contracts concluded before access is granted.[1]

Against this background, Norway's position that access should be granted without predefined obligations is difficult to justify. Such an approach risks enabling free riders and undermining fair and equitable benefit-sharing — the core objectives of the CBD and the Nagoya Protocol while weakening due diligence and accountability in the use of shared resources.

Second, it is outrageous that Norway is promoting databases that permit anonymous, unaccountable, illegal access to pathogen sequence information under a flawed, selective, interpretation of "open access." This position obligates States to share genetic data publicly, yet does not obligate users to share benefits fairly and equitably arising from the use of such data. Further, if access is anonymous how can users be identified and required to contractually commit to fair and equitable benefit sharing.

Norway's position is in direct contradiction with the CBD Decision that recognizes the right of countries to fair and equitable benefit-sharing arising from the use of digital sequence information on genetic resources.

Norway's position is also hypocritical. While opposing developing country proposals that would require sequence data of pathogens to be deposited in databases implementing user registration and data access agreements, Norwegian researchers routinely deposit pathogen sequences exclusively in GISAID—a platform that requires user registration, acceptance of a data access agreement, and prohibits onward sharing with users who have not accepted the same terms. As at 31 October 2025, Norway had submitted at least 81,000 SARS-CoV-2 sequences exclusively to GISAID, and yet Norway shamelessly opposes adopting similar safeguards within the PABS system. It has even resisted proposals to establish a multilaterally governed sequence database under the auspices of the WHO.

It therefore appears that Norway is promoting the continued reliance on databases that lack transparency and accountability, allowing users of sequence information to access and use such data without traceability or enforceable benefit-sharing obligations. And to advance its flawed position Norway is circulating misleading information on the issue with the intent to confuse other delegations and complicate an already sensitive negotiation process.

Norway's approach risks facilitating digital biopiracy and undermining the principles of fair and equitable benefit-sharing recognised in international law. There are also significant biosecurity risks attached to Norway's position as highlighted in the letter sent to Member States dated 10 February 2026 titled "BIOSECURITY Issues IN THE PABS NEGOTIATIONS"[2].

Third, Norway's persistent opposition to benefit-sharing proposals from developing countries is deeply troubling. It has resisted proposals to reserve a share of vaccines, therapeutics and diagnostics (VTDs) for the WHO to deploy during early outbreaks and during a Public Health Emergency of International Concern (PHEIC). Without such arrangements, vulnerable developing countries risk being left without timely access to essential medical tools before a pandemic is declared.

Past outbreaks — including COVID-19, mpox, and Ebola — have shown that wealthy countries often secure supplies early through advance purchase agreements or premium pricing, leaving developing countries behind.

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[1] See for e.g. https://www.nhm.uio.no/english/collections/dna-bank/mta/nhmo-dna-bank-mta1-provision-of-material-170112.pdf

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

Developing country proposals aim to correct this imbalance by ensuring that WHO's needs, and those of the most at-risk countries, are addressed from the outset at the same time as Norway's needs. Yet Norway has opposed reserving supplies for WHO and has also resisted measures to rapidly expand supplies during health emergencies through licensing to more manufacturers in the global south.

Finally, Norway's position is ultimately against its own interests. By opposing measures that guarantee compliance with the PABS system and fair and equitable benefit sharing that is meaningful from each user of the system, pathogens with pandemic potential will spread unchecked, putting Norwegians themselves at greater risk. Without safeguards being applied to the sharing of sequence information of dangerous pathogens, in the current era of artificial intelligence, Norwegians will face increased biosecurity risks.

Its international reputation is also on the line: once seen as a global champion of fairness, equity, and respect for international law, Norway now risks being perceived as a backtrack, enabler of biopiracy, undermining its credibility as a reliable partner for developing countries and global public health.

We therefore respectfully urge you to instruct Norway's delegation to:

- ***Ensure Legal certainty:*** This requires all recipients of materials and sequence information of pathogens with pandemic potential are identified and sign standardised contracts with WHO prior to access, ensuring compliance with PABS requirements. This will minimise biosecurity risks and operationalise ABS under the CBD and Nagoya Protocol.
- ***Ensure accountable databases:*** Only sequence databases that require mandatory user registration, verified identification, and PABS agreed data access agreement should host PABS sequence information.
- ***Support a WHO-governed database:*** Develop a multilaterally governed WHO database that ensures non-discriminatory access, accountability, transparency, and effective benefit-sharing, ensuring compliance with the PABS system.
- ***Robust governance:*** Establish mechanisms to monitor sharing and use of PABS materials and sequence information.
- ***Enforceable benefit-sharing:*** Require every recipient to provide meaningful, enforceable benefit-sharing, including binding commitments for VTD developers and manufacturers to reserve portions of real-time production and stockpiles for WHO-coordinated distribution during early outbreaks and PHEIC, and to issue production licenses to manufacturers in the Global South to rapidly expand supplies during health emergencies.
- ***Equitable access over monopolies:*** Move away from IP-based monopolies that restrict access, and promote models supporting equitable access, such as mandatory licensing.