19 March 2026

To

Dr. Tedros Adhanom Ghebreyesus
Director-General
World Health Organization

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.

The 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 (ABS) principles, facilitating biopiracy, including digital biopiracy and increasing biosecurity risks.

Currently, only the WHO's Pandemic Influenza Preparedness (PIP) Framework has operationalized access and benefit-sharing 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 (DAA) 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 established by 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[2] 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 Intergovernmental Negotiating Body (INB) and Intergovernmental Working Group (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[3], 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[4] that is free of charge, and 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[5], 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 argued by the European Network of Scientists for Social and Environmental Responsibility, the Federation of German Scientists, and Testbiotech, alongside civil society groups in a letter to Member States on 10 February 2026.[6]**

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 the 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.

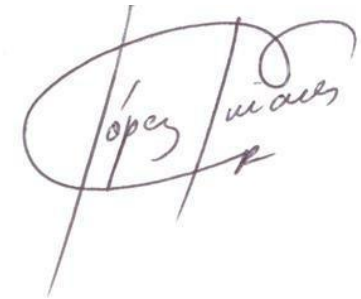
3. Establishes robust traceability mechanisms for both the pathogen materials and sequence information using advanced digital technologies to ensure transparency and accountability.

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 before 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.

Sincerely,



Roberto López Linares (On behalf of the undersigned organisations)
Executive Director
Acción Internacional para la Salud – Perú

Global organizations

1. AIDS Healthcare Foundation - AHF
2. Association for the Promotion of Sustainable Development
3. Brot für die Welt
4. Development Alternatives With Women for a New Era - DAWN
5. Disability People's Forum Uganda
6. Flux
7. Geneva Global Health Hub - G2H2
8. Health Action International - HAI
9. International Treatment Preparedness Coalition - ITPC Global
10. Madhira Institute
11. Masimanyane Women's Rights International
12. Medical Impact
13. Medicus Mundi International - Network Health for All (MMI)
14. Oxfam
15. Policies for Equitable Access to Health - PEAH
16. People's Health Movement
17. Public Services International (PSI)
18. Social Watch
19. Society for International Development
20. Third World Network
21. Wemos

Regional organizations

22. Acción Internacional para la Salud Perú
23. Afya na Haki
24. AIDS Action Europe - AAE
25. AIDS and Rights Alliance for Southern Africa
26. European Federation of Public Service Unions - EPSU
27. Global Humanitarian Progress
28. Health Action International Asia Pacific - HAIAP
29. Jesuits Development Office
30. Medicinas para la Gente Latinoamérica - PMA LAC
31. Pharmaceutical Accountability Foundation - PAF
32. Project on Organization, Development, Education and Research - PODER
33. Red Latinoamericana por el Acceso a Medicamentos - RedLAM
34. Salud y Fármacos
35. Southern Africa Miners Association - SAMA

National organizations

36. Access to Medicines Research Group, China
37. Action Against AIDS, Germany
38. AIDS Healthcare Foundation Uganda Cares, Uganda
39. Asociación Programa de Soporte a la Autoayuda de Personas Seropositivas - PROSA, Peru
40. Association Burkinabé d'Action communautaire - ABAC, Burkina Faso
41. Ayos na Gamot sa Abot-Kayang Presyo - AGAP, Philippines
42. Brazilian Interdisciplinary AIDS Association - ABIA, Brazil

43. Cancer Alliance, South Africa
44. Cellule Associative des Femmes Actives pour la Gouvernance, les Droits Humains et le Bien-Être - CAFAGB, Cameroun
45. Centre for Community Water Resources Management - CCWRSAN, Malawi
46. Centre for Governance Accountability and Leadership, Zambia
47. Centre for Health Science and Law, Canada
48. CER Consulting Services, Colombia
49. Chartered Institute of Forensics and Certified Fraud Investigators, Nigeria
50. Coalition for Health Promotion and Social Development - HEPS, Uganda
51. Comité de Derechos Humanos Pasco CODEH-PASCO, Peru
52. Consumers' Association of Penang (CAP), Malaysia
53. Egyptian Initiative for Personal Rights (EIPR), Egypt
54. Federación Sindical de Profesionales de la Salud - FESPROSA, Argentina
55. Fundación de Estudios e Investigación de la Mujer - FEIM, Argentina
56. Forum for Protection of Public Interest (Pro Public), Nepal
57. Friends of the Earth, Malaysia
58. Fundación Grupo Efecto Positivo, Argentina
59. Fundación IFARMA, Colombia
60. Gabungan Darurat Iklim Malaysia Berhad, Malaysia
61. Handelskampanjen, Norway
62. Health Justice Initiative (HJI), South Africa
63. Hope for Future Generations, Ghana
64. Human Rights Research Documentation Center - HURIC, Uganda
65. iCHANGE, Côte d'Ivoire
66. IDEALS, Inc. - Lawyering for Development, Philippines
67. Indonesia for Global Justice - IGJ, Indonesia
68. Initiative for Social and Economic Rights - ISER, Uganda
69. Innovations for Development, Uganda
70. Just Treatment, UK
71. Kenya Female Advisory Organization, Kenya
72. Kenya Legal & Ethical Issues Network on HIV and AIDS - KELIN, Kenya
73. Khulumani Support Group, South Africa
74. Land of Free Boys and Girls, Peru
75. Malaysian Food Sovereignty Forum - FKMM, Malaysia
76. Malaysian Women's Action for Tobacco Control and Health - MyWATCH, Malaysia
77. Medical Action Group, Philippines
78. Medicus Mundi, Spain
79. Misión Salud , Colombia
80. National Network of People Living with HIV and AIDS Pernambuco - RNP+, Brazil
81. Nexus Research Cooperative, Ireland
82. Parti Sosialis, Malaysia
83. Partners for Community and Development Organisation - PACHEDO, Uganda
84. People's Health Movement, Kenya
85. People's Health Movement, South Africa
86. People's Health Movement, Tanzania
87. Prayas Center for Health Equity, India
88. Promoting Group for Monitoring the Supply of Antiretroviral Medicines - GIVAR, Peru
89. Pink Triangle Foundation, Malaysia
90. Shine Africa Teso - Saf-TESO, Uganda
91. Salud por Derecho, Spain

92. Sandvik Health Empowerment Foundation , Nigeria
93. SENTRO Labor Union, Philippines
94. Sí, da Vida, Peru
95. Soul Palliative Care, India
96. Support on AIDS and Life HELPLINE, Uganda
97. Swaziland Migrant Mineworkers Association - SWAMMIWA, Eswatini
98. The Humsafar Trust, India
99. The People's Matrix, Lesotho
100. Trade Justice Pilipinas, Philippines
101. Uganda National health Users/Consumers' Organization - UNHCO, Uganda
102. VIHve Libre, Mexico
103. Women and Media Collective, Sri Lanka
104. Women Law and Development, (MULEIDE), Mozambique
105. Working Group on Intellectual Property - GTPI, Brazil
106. Working Group on Access to Medicines and Treatments, India
107. WomanHealth, Philippines

End notes

[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 their 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] https://www.who.int/publications/i/item/9789240095113

[3] https://snp-seek.irri.org/

[4] E.g. a Science magazine 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. See: https://www.science.org/content/article/researchers-china-and-five-other-countries-concern-barred-nih-databases#:~:text=The%20U.S.%20National%20Institutes%20of,%2C%20neurodegenerative%20diseases%2C%20and%20more

[5] https://www.who.int/publications/b/65594

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