European Union
Statement

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WHA74 - Item 19, 20, 21: The public health implications of implementation of the Nagoya Protocol, Enhancement of laboratory biosafety, Poliomyelitis

Geneva, 29 May 2021
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Draft EU Statement

Chair,
Director General,
Excellencies,
Colleagues,

I have the honour to speak on behalf of the European Union and its Member States.

The Candidate Countries the Republic of North Macedonia*, Montenegro* and Albania*, the country of the Stabilisation and Association Process and potential candidate Bosnia and Herzegovina, as well as Ukraine, the Republic of Moldova and Georgia align themselves with this statement.

On the public health implications of the implementation of the Nagoya Protocol, the EU wants to emphasize that significant public health benefits can be drawn from timely and efficient pathogen sharing: the prompt sharing of genetic sequences of the COVID-19 virus in early January 2020 allowed for research and development of life-saving diagnostics and vaccines to start right away. The EU call on all Member States to continue sharing public health information with WHO as soon as it is available, in order to facilitate the identification of the source of the SARS-CoV-2 virus and to prevent future health emergencies.

* The Republic of North Macedonia, Montenegro and Albania continue to be part of the Stabilisation and Association Process.
Pathogens with epidemic and pandemic potential cannot be treated in the same way as other genetic resources. Equitable access is a top-priority, but no tool can be shared before it is developed. Moreover, those tools must go first to places where they are most needed, which is not necessarily the same as the place where the pathogen was first detected and shared from. The IHR-Review Committee in its latest report calls for “a new mechanism for cooperation” on rapid sharing of scientific findings and samples within the global scientific community. Like the Review Committee, the EU believes that the PIP-Framework might offer a useful model. The EU believes that the “Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits” should be considered as a specialized international ABS instrument. In this regard we will be expecting proposals from the Secretariat as how to best translate recommendations made by the IHR-RC into concrete actions. We will also be engaging in the discussion on the ways pathogen and benefits sharing will be addressed in the WHO-Secretariat proposed “BioHub”, mindful of the need to avoid duplication with the PIP-Framework.

On the enhancement of laboratory biosafety, the EU thanks the Secretariat for its report. With an ever-increasing number of laboratories around the world handling high-consequence pathogens, the rapid evolution of technology offers both great opportunities for human health but also increases the risk for unforeseen consequences. The EU believes that WHO, as the UN public health agency, should be central in overseeing the implementation of the Regulatory framework by promoting best practices and by coordinating and facilitating rapid response in the event of an outbreak that may be associated with a breach of laboratory biosafety. We also encourage WHO to use the Extended Biosafety Advisory Group (BAG) to ensure the highest quality independent biosafety
advice. Finally, the EU would like to request the Secretariat not to sunset the reporting to Member States on these activities.

On polio eradication, polio transition planning and polio post-certification, the EU takes note of the updated report from the Secretariat and is looking forward to further reporting on progress and funding of these activities, mindful of the need to walk the last mile towards polio eradication and of the contributions made by the local in-countries polio staff beyond their work on polio.