

The Nagoya Protocol



World Health
Organization

Nagoya Protocol – what is it?

- **Supplementary agreement** to the Convention on Biological Diversity (CBD).
- Expands on the CBD's **access and benefit-sharing provisions**.
- Adopted on 29 October 2010 in Nagoya, Japan; and entered into force on 12 October **2014**.
- As of 13 April 2018, **104 Parties**.
- Applies to **genetic resources**, and traditional knowledge associated with genetic resources, that are covered by the CBD, and to the **benefits arising from their utilization**.

Objective

“The objective of this Protocol is the **fair and equitable sharing of the benefits arising from the utilization of genetic resources**, including by appropriate access to genetic resources and by appropriate transfer of relevant technologies, taking into account all rights over those resources and to technologies, and by appropriate funding, **thereby contributing to the conservation of biological diversity and the sustainable use of its components.**”

Commitments

Access to genetic resources under the Nagoya Protocol is subject to two basic requirements:

- prior informed consent (“PIC”) and
- mutually agreed terms (“MAT”).



Who is involved ?

Providers

- Agree terms for granting access and sharing benefits equitably

Users

- Responsible for sharing the benefits derived from the utilization of the genetic resources with the providers

National Focal Points

- Responsible for providing information on the requirements and processes to access genetic resources

Competent National Authorities

- Responsible for granting access to users, and representing providers on a local or national level



National implementing legislations

Domestic measures to implement the main principles relating to ABS

- Specify relevant information and procedures, such as how to obtain PIC and agree on MAT
- Information on ABS procedures and permits published in the ABS Clearing-House



Potential issues

- A variety of domestic measures (national or regional strategies, policies, legislations, regulations or codes of conduct)
- Different levels of implementation due to individual national circumstances, administrative structures and priorities

Preamble of the Protocol

“The Parties to this Protocol, (...) *mindful* of the International Health Regulations (2005) of the World Health Organization and the importance of ensuring access to human pathogens for **public health preparedness and response** purposes”

Potential public health links

- **Article 8(b)** – Special considerations related to health emergencies

“In the development and implementation of its access and benefit-sharing legislation or regulatory requirements, each Party shall: ... Pay due regard to cases of present or imminent emergencies that threaten or damage human, animal or plant health, as determined nationally or internationally. (...)

- **Article 4(4)** - New or existing **specialized international ABS instruments** that cover specific pathogens
- **Article 19 & 20** – **Model contractual clauses, codes of conduct, guidelines, best practices and standards** in relation to ABS

Ongoing work processes and opportunities for WHO input

- **WHO Comments on DSI:** <http://www.who.int/un-collaboration/partners/whocommentscbdds.pdf>
- **Q&As on the Nagoya Protocol and pathogen sharing** [in development]
- **WHO participation in relevant CBD/Nagoya processes**
 - Digital sequence information (Feb 2018: Ad Hoc Technical Expert Group on Digital Sequence Information on Genetic Resources; July 2018: Subsidiary Body on Scientific, Technical and Technological Advice)
 - Process and criteria for Specialized International ABS Instruments (July 2018: Subsidiary Body on Implementation)
- June 2018: **WHO/OIE/FAO Workshop** “*Facilitating ABS for pathogens for public health surveillance, preparedness and response*”

Thank you!



**World Health
Organization**