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STATEMENT

Statement on PABS Instrument at the eighth meeting of the Intergovernmental Working Group (IGWG 8) on the WHO Pandemic Agreement

One hundred days have passed since the Bundibugyo Ebola outbreak was declared. The outbreak is a stark reminder that preparedness depends on sustained medical innovation, effective partnerships, and the ability to respond rapidly under real-world conditions. The outbreak has already generated important lessons that should inform the PABS negotiations and help ensure the system supports, rather than hinders, rapid outbreak response and medical innovation:

First, open and rapid access to pathogens and sequence information remains the foundation of scientific collaboration and countermeasure development. The PABS system should preserve open, de-linked access, interoperability with existing databases and laboratory networks, and multiple pathways for accessing pathogens and sequence information. Contractual requirements, restrictive access conditions, or burdensome compliance measures introduced as a precondition for research risk creating delays precisely when speed matters most.

Second, the main barriers to preparedness and equitable access are operational. Persistent challenges include financing, procurement readiness, regulatory pathways, health system delivery, and the fragile incentive environment for infectious disease R&D. PABS alone will not generate vaccines, therapeutics, or diagnostics. A system that introduces legal uncertainty, increases costs, duplicative obligations, or administrative burdens risks creating friction without addressing the underlying causes of access gaps.

At the same time, the Ebola response demonstrates that MCM development and access can be advanced rapidly through voluntary action. Companies have repeatedly contributed through partnerships, donations, licensing arrangements, stockpiles, and investments made at risk – both for historical outbreaks and are doing so today. These efforts did not depend on binding benefit-sharing obligations linked to pathogen access.

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As negotiations continue, it is critical to avoid provisions that fundamentally alter the environment for research and development. This includes mandatory monetary contributions, open-ended benefit-sharing obligations, restrictions on intellectual property or non-voluntary technology transfer, excessive tracking and compliance requirements, or arrangements that create overlapping obligations with other access and benefit-sharing systems. Such measures risk weakening already fragile R&D pipelines and discouraging participation in outbreak response.

Instead, the Annex should focus on practical, open, and workable mechanisms that strengthen preparedness and accelerate scientific collaboration between public and private researchers. The Pandemic Agreement already contains substantial access commitments, including the agreed set-aside mechanism. The role of the PABS Annex should be to make these commitments workable in practice – including for companies - and not to create new obligations that risk slowing response efforts or undermining incentives for innovation.