



## OPEN LETTER TO GLOBAL NORTH COUNTRIES BY INTERAMERICA HEALTH FEDERATION OF PUBLIC SERVICES INTERNACIONAL

The Interamerica Health Federation of Public Services Internacional represents 10 million workers organized in 100 unions from Canada to Chile. More than 70% of the workers we represent are in the Caribbean, Central and South Americas. We are deeply concerned with the news that we have received about the positions Global North countries have been defending at the Pathogen Access and Benefit Sharing (PABS) Annex negotiations currently taking place within the Intergovernmental Working Group (IGWG) at the World Health Organization (WHO). We have been following and contributing to this process with the support of Public Services International (PSI), the global union federation representing public services, health and social care workers worldwide. PSI's submission to the Intergovernmental Negotiating Body (INB) helped to shape the Pandemic Agreement the health and care workforce-related measures. We and other affiliates of the PSI are bothered that the world might lose a great opportunity to consolidate the gains of the PA, if the current trajectory of negotiations remains the same.

In its current form, the draft text of annex does virtually nothing to alter the status quo that led us into the vaccine apartheid, leaving developing countries exposed to the same inequalities they faced during COVID-19, when several of our colleagues died or were scarred by those terrible years. And consequently, this leaves the whole world vulnerable in the possible event of another pandemic.

It is particularly troubling that European Union along with other nations is actively working to maintain such status quo and putting impediments to developing countries' positions to be included in the text.

Considering that, we share some of the main points that we urge you to take, which are as follows:

- **Benefit-sharing must be a binding component in order to prevent outbreaks from becoming PHEICs.**
- All actors accessing pathogens or genetic data must sign standardized contracts **regarding the terms of use and benefit sharing obligations, before they access pathogens and data.** All agreements, transactions, access to pathogen samples or data, transfers of pathogens to third parties, PABS sequence database records and benefit flows must be fully transparent and subject to public audit. **Countries must assume obligations to implement all components of the PABS system effectively, including traceability mechanism.**
- The WHO IGWG should **develop** multilateral PABS system **into a trustworthy platform for States to share pathogens and genetic data** by establishing significant benefit-sharing commitments and robust governance and accountability mechanisms that ensure that sovereign rights over shared resources are well respected and safeguarded. If this does not materialize, countries would continue sharing such resources bilaterally and unlike during Covid19 Pandemic period, each of them will seek to secure benefits through agreements. This will contribute to **the fragmentation of the Global Health Emergency Framework and** will undermine **WHO coordinated** global public health **response.**
- Countries have sovereign rights over their genetic resources and sequence information, as established by the Convention on Biological Diversity (CBD) and the Nagoya Protocol (NP). Indigenous peoples and local communities also have rights over genetic resources, and countries, communities and individuals have rights over health data. All these rights must be respected when accessing, sharing or using PABS materials and sequence information if PABS is to achieve the status of a specialized international PABS instrument.



It is worrying that Global North countries, particularly European ones, do not consider these points and have rather been advocating for several topics that would undermine taking adequate steps towards a fair and equitable PABS System. As far as we are aware, European countries have been actively:

- Pushing for anonymous access to sequence information, i.e. not only without taking consent from provider countries and communities but also withholding information from them. Europe and other Global North nations should be an ABS champion and not help to facilitate what could amount to digital biopiracy;
- Advocating there is no need for standard contracts for materials transfers as in IGWG5, especially for academic entities and researchers. This position is in complete disregard of inequities faced by developing countries' health researchers while partnering with developed countries' researchers or while receiving research grants from abroad. For example, lack of due recognition or conditions forcing transfer of samples and data without any conditions for subsequent use;
- Has been opposing set asides for Vaccines, Therapeutics and Diagnostics (VTD) stockpiles and production for WHO to be used for preventing health emergencies and responding to early outbreaks. This opposition blocking access to VTDs before the declaration of pandemic emergencies is inhumane and disregards global public health principles and rationale.

The negotiations and the multilateralism itself are at a key moment, as the sixth and tentatively last round of negotiations at the IGWG commence on 23 March 2026. We urge the European Union to change its current position and engage in the negotiations to include measures that place equity at the center of the future instrument, in line with the traditions of our country. To enable pandemic prevention, preparedness and response, we must put lives before profit and protect people, including health and care workers, from all over the world.

Yours sincerely,

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