

# World Health Organization (WHO): Seventy-Fourth World Health Assembly (74<sup>th</sup> WHA)

*Agenda Item 19 The public implications of implementation of the Nagoya Protocol*

*Agenda Item 20 Enhancement of laboratory biosafety*

(Word Count: 493)



**Thank you, Chair!**

The implementation of Nagoya's protocol is a welcome step in view of emerging high-threat pathogens like the Middle East Respiratory Syndrome coronavirus, Nipah, Zika, Ebola and as well as unknown future threats.

The public health implications of its implementation include sound risk assessment, initiation of evidence-based interventions and the subsequent development and deployment of countermeasures such as diagnostics, vaccines and therapeutics. If the Nagoya protocol is implemented in its true spirit, it will further strengthen the public health preparedness and response during declared or imminent health emergencies.

India believes that WHO should devise global multilateral mechanisms for effective pathogen access and benefit sharing including aspects of intellectual property rights on the sharing of pathogens, codes of conduct, guidelines and best practices.

**Chair,**

The COVID-19 pandemic has highlighted the significance of safe and secure handling and containment of high-consequence microbiological agents, which can have global ramifications in case of inadvertent exposure or release to the environment.

India has established network of 117 Virus Research & Diagnostic Labs (VRDLs) which are well trained in biosafety and biosecurity protocols. VRDLs in different levels – regional and state level have acquired decentralized capacities to detect various viral infections.

India has ensured adherence to stringent biosafety and biosecurity protocols in all laboratories, which has prevented any cases of leakage of infection and no health functionaries have been infected in BSL3/BSL4 labs till date.

Presently, all category of labs, including RG1 and RG2 are accredited by the National Accreditation Board for Testing and Calibration Laboratory (NABL) and we have released guidelines for the same.

Further, to strengthen biosafety and biosecurity framework, India is setting up Institute of Zoonoses and One Health as well as four regional NIV like Institutes. We have operationalised guidelines and SOPs for BSL3/BSL4 labs and there is a qualified pool of auditors for auditing and validating BSL3 labs.

Hands on trainings and on-the-job trainings in biosafety practices are held regularly in BSL4 of NIV, Pune, India – which also happens to be the first BSL-4 lab in Asia.

**Chair,**

In the recent past India successfully detected emerging viral infection related threats due to Nipah virus outbreak, Ebola Virus Disease, Yellow Fever etc. India is planning to further augment diagnostic capacities by Mobile BSL-2/BSL-3 laboratories (vans) and active transmission can be detected by following the principles of – “test, track and contain”, as proven effective in the ongoing Covid-19 crisis.

India recognizes the recent signing of MoU between WHO and the Swiss Confederation to launch the first WHO BioHub Facility as part of the WHO BioHub System, which was announced in November 2020.

While taking note that this facility will enhance the rapid sharing of viruses and other pathogens between laboratories and partners globally at this critical juncture, we would like to reiterate that the legal framework of WHO Bio-Hub must incorporate principles of the Nagoya Protocol on Access and Benefit sharing and also use the experience gained from WHO PIP framework in this regard.

**Thank you.**