



To the Council of the European Union

The Cyprus Presidency of the Council of the European Union

The Member States of the European Union

To the European Commission

Olivér Várhelyi, Commissioner “Health and Animal Welfare”

20 April 2026

Open letter: Linking pathogens and data access to enforceable benefit-sharing commitments in the Pandemic Agreement

Dear Members of the Council of the European Union,

Dear Commissioner Várhelyi,

As negotiations on the World Health Organization (WHO) Pathogen Access and Benefit Sharing (PABS) System under the Pandemic Agreement enter a critical phase, I write on behalf of Médecins Sans Frontières (MSF) to urge the European Union (EU) and its Member States to support the establishment of a genuinely robust, binding and equitable mechanism. This requires ensuring that **access to pathogens and data is firmly and concretely based on enforceable benefit-sharing commitments**.

For over 50 years, MSF medical teams and people under our care have contributed evidence and data that were indispensable to prioritising the development of vaccines, therapeutics and diagnostics for deadly outbreaks. Yet time and again, these contributions did not lead to timely, sufficient and affordable access to the products for the people who need them the most, due to the absence of binding mechanisms to ensure benefit sharing.

The Ebola experience is emblematic of this injustice. During the 2014–2016 West Africa Ebola outbreak, affected communities and healthcare workers on the frontlines provided samples and data that enabled the development of candidate treatments at an unprecedented speed. Yet when new waves of Ebola struck in subsequent years, people in affected countries [continued to struggle to access treatments](#) at the scale and timeliness required, with stocks and supply decisions driven largely by national security interests or manufacturers’ commercial considerations.

There were no benefit-sharing obligations on researchers and pharmaceutical corporations using clinical Ebola samples to guarantee fair and equitable access to resulting treatments for people and countries, based on health needs.



This example is not a standalone case, as seen again during COVID-19, mpox and other outbreaks, but rather the predictable result of a system in which **access to pathogens was not firmly and contractually tied to benefit-sharing obligations.**

The WHO's existing practice already shows that it is both feasible and necessary to anchor pathogen sharing in binding agreements, as demonstrated under by the Pandemic Influenza Preparedness Framework. **Any move to create a PABS system weaker than these established WHO standards would represent a clear step backwards for global health governance and equity.**

We are therefore alarmed by approaches in the current PABS negotiations that would decouple access to PABS materials and PABS sequence information from clear, upfront and enforceable benefit-sharing obligations. Any model that allows developers to draw on multilateral pathogen access without legally binding conditions will entrench the very inequities the Pandemic Agreement is meant to address.

As the European Commission develops its new Global Health Resilience Initiative, aimed at improving equitable access to medical countermeasures, it is essential to recognise that ensuring access to care and lifesaving medical products for individuals is fundamental to securing health for all. Access to appropriate care for every person is not aspirational but an essential precondition for safeguarding public health at national, regional and global levels. The EU must support a PABS System that translates its stated ambitions and principles into concrete and enforceable actions ensuring access to medical products for people who need them the most.

We therefore call on the EU and its Member States **to reject any outcome that separates pathogen access from binding benefit sharing, and to insist instead on a PABS System that grounds access in clear, contractual and enforceable obligations.** This would enable the EU to meaningfully uphold its commitments to equity and solidarity in global health.

Sincerely,

Dr Maria Guevara
MSF International Medical Secretary