

# The Global Health Network, Virtual Biorepositories

## Webinar report

February 2025

### Benefits and Ethical Considerations for Access to Specimens for Epidemic Preparedness

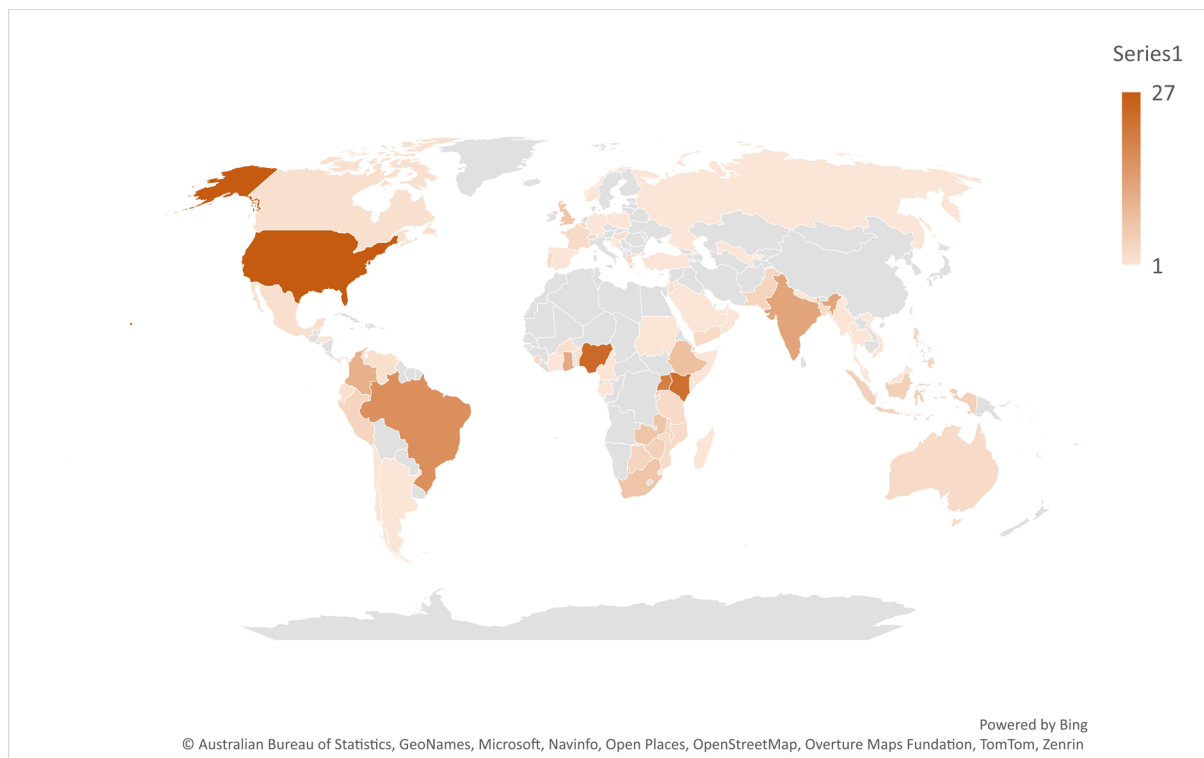
6 December 2024

Link to recording: <https://globalbiorepository.tghn.org/webinars/>

This recorded webinar explores the Virtual Biorepository System (VBS), an innovative model designed for equitable, rapid access to locally managed biological specimens to enhance outbreak preparedness. Developed by the University of Colorado VBS team and TGHN, the VBS aims to serve as a “global public good” by providing timely access to specimens and data critical for diagnostics, vaccines, and infectious disease research. Launched through the “10x10” pilot project with EU Horizon funding, VBS partners worldwide have worked to address barriers such as benefit-sharing laws under the Nagoya Protocol. Experts including Dr. May Chu (University of Colorado) and Dr. Rebecca Katz (Georgetown University) discussed legal frameworks, ethics, governance, and the sustainability of biorepositories. This session highlights the VBS's potential to support global health security and collaboration.

#### Brief summary

There were 307 registrants from across 76 countries. 127 people attended, which is a 40% attendance rate; above our average for webinars, which is usually around 30%. Below is a map of where registrants came from.



# The Global Health Network, Virtual Biorepositories Webinar report

February 2025

| Top 10 registrant countries |    |
|-----------------------------|----|
| United States               | 27 |
| Nigeria                     | 24 |
| Kenya                       | 23 |
| Uganda                      | 20 |
| Brazil                      | 17 |
| India                       | 13 |
| Ghana                       | 12 |
| Colombia                    | 11 |
| Ethiopia                    | 8  |
| Zambia                      | 7  |

| Top 10 attendee countries |    |
|---------------------------|----|
| United States             | 15 |
| Nigeria                   | 12 |
| Colombia                  | 9  |
| Kenya                     | 9  |
| Brazil                    | 9  |
| Uganda                    | 5  |
| India                     | 4  |
| Botswana                  | 4  |
| Malawi                    | 3  |
| DRC                       | 3  |

## Job roles wordcloud



## Q&A

- How can countries that were not involved in the survey for VBS can be enrolled in this VBS network
- What are the good document for using genetic material?
- do you consider the human virome/ microbiome as part of genetic resources to share or you only consider pathogens?
- Sharing genetic samples include sharing microorganisms for DNA/RNA extraction in the receiving country?

# The Global Health Network, Virtual Biorepositories

## Webinar report

February 2025

- Is the sharing of serological samples, focusing on human antibodies, part of the scope of CBD and Nagoya?
- How many Biobanks are there in your Network? Are they in Brazil?
- Who is the local researcher? The institution where is biobank? If not, who is the researcher responsible of the samples and sample acquisition, sharing and IRB approval??
- Do you have collaboration with African Institutions?
- Q to Rebecca Katz: Can you clarify only viruses of all microorganisms and does that comport with exchange of serum?
- Q to Rebecca Katz: Dr Katz, how might we change the laws in our countries?
- If we talk about antibodies - serological samples. Are they included in CBD?
- In most of the broad consents they ask a witness for the person but sometimes its no easy to explain or to talk wit another person about de consent that we are doing, how can we handle this situation with the witness?