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## 2 *Draft WHO principles for human genome data access, use and sharing*

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### 4 Background

5 Genomics holds great promise with the potential to improve individual and population health. To realise  
6 this potential, there is a need to enable access to, use, and sharing of human genome data within and  
7 across differing health and research sectors. This can only be achieved by proactively addressing the  
8 ethical, legal, social, religious and cultural issues that can arise in the process, but also acknowledging that  
9 there can also be risks if these data are not shared. Such risks must be balanced and mitigated so that  
10 human genome data access, use, and sharing can occur in a manner that protects individuals and  
11 communities and at the same time, promotes their health.

12 Efforts to scale up access to, use, and sharing of human genome data must recognise the mistrust that can  
13 exist when accessing, using and sharing human genome data from some individuals and communities. This  
14 is an ongoing challenge that is in part due to persisting exploitative practices, and capacity and power  
15 imbalances between different actors and regions. It is also critical that the lack of diverse data sets and  
16 the consequent under-representation of many populations in those data sets be addressed if global equity  
17 in genomics is to be achieved.

18 The integration of genomics into health systems requires an all of data life cycle approach with guidance  
19 enabling access to, use, and sharing of human genome data within and across health sectors locally,  
20 nationally, and internationally. To support this work and following the WHO's Science Council 2022 Report  
21 "Accelerating access to genomic for public health" that recommended the promotion of ethical, legal, and  
22 equitable use and responsible sharing of human genome data, WHO has developed this document setting  
23 out principles for human genome data access, use and sharing.

### 24 Purpose of this document

25 This document sets out globally applicable and inter-connected principles on the access to, use and sharing  
26 of human genome data, to promote human health and wellbeing. This document is to complement local  
27 legislation and builds upon the many policies, frameworks, and other guiding documents in this space.

28 These principles aim to:

- 29 • Promote social and cultural inclusiveness, equity, and justice in access to, use, and sharing of  
30 human genome data.
- 31 • Promote trustworthiness within the human genome data life cycle.
- 32 • Foster integrity and good stewardship of access to, use, and sharing of human genome data.
- 33 • Promote communal and personal benefits arising from human genome data access, use, and  
34 sharing.

35 In addition, this document seeks to strengthen capacity and awareness of individuals from whom, and  
36 communities in which, human genome data are collected, so that they can exercise greater control over  
37 its access, use and sharing if they so desire.

#### Data life cycle

Data life cycle refers to the different stages of data use, including collection, generation, storage, use, sharing, access, and subsequent deletion or archiving. The term is intended to reflect that data can be used beyond the lifespan of the individual from whom the data originates and that these principles apply to the use of data throughout the data life cycle and not just the lifespan of the individual.

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#### 39 Scope of this document

40 These principles apply to human genome data access, use, and sharing in health and research contexts,  
41 recognising that implementing these principles requires a comprehensive approach along the entire data  
42 life cycle. They apply to all prospective and retrospective collections of human genome data. These  
43 principles are intended to complement and inspire national legal and ethical regulations, frameworks and  
44 guidelines.

45 Although the scope of this document applies to human genome data only, these data are typically linked  
46 with other health information that is critically important to interpreting human genome data. WHO  
47 strongly encourages making other health data available with human genome data when this is necessary  
48 and does not impose unacceptable risks.

49 Human genome data are obtained from biological samples thus these principles can equally apply to them.  
50 Biological samples, however, require specific considerations that are outside of the scope of this  
51 document. Nevertheless, providing access to, use, and sharing of human biological samples should not be  
52 used to avoid the application of these principles.

53 Pathogen genome data<sup>1</sup> and microbiome data do not fall within the remit of this document.

54 This document sets out principles with guidance on their application, but it is not an implementation  
55 document.

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#### Human genome data

Human genome data are data that are derived directly and/or indirectly from the human genome.  
These data include but are not limited to:

- DNA sequence from the nuclear and mitochondrial genomes
- Transcriptome
- Proteome (e.g. by deriving genetic information from protein structure)
- Methylome and other epigenetic modifications.

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#### 58 Context

59 The application of these principles in practice will depend upon the context in which human genome data  
60 are accessed, used, and shared. This will include the individuals and community providing the data, those  
61 collecting, accessing, using, or sharing human genome data, the purpose of access, the capacity, the  
62 resources, the skills, and the expertise of those accessing, using, and sharing the data, amongst others.

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<sup>1</sup> See WHO guiding principles for pathogen genome data sharing.

63 Equally, national legal and ethical frameworks, as well as social and cultural beliefs may impact the  
64 application of these principles.

#### 65 Audience

66 These principles are intended to apply to those involved in governing, generating, storing, accessing, using,  
67 sharing, and disposing of human genome data in health and research contexts, and individuals and  
68 communities from whom human genome data originates.

### 69 Principles for human genome access, use, and sharing

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#### 71 To affirm and value the right of individuals and communities to make decisions

72 A commitment to value and affirm the rights and interests of individuals with capacity to make decisions  
73 on what should be done with their human genome data throughout the life cycle of the data. In addition,  
74 a commitment to promote the best interests of individuals who do not have the capacity to make decisions  
75 for themselves.

76 The use of human genome data has implications beyond an individual, and the views of communities  
77 should be ascertained on access to, use, and sharing of these data throughout its lifecycle.

#### 78 Actions:

- 79 • Human genome data use, access, and sharing should be in line with the needs, preferences and  
80 values of individuals and communities.
- 81 • Clear, transparent, accessible, understandable, and ongoing information should be provided on  
82 human genome data access, use, and sharing to individuals and communities.
- 83 • Communities should be engaged in the governance and decision-making process regarding  
84 appropriate access to, use, and sharing of human genome data, including the development of  
85 appropriate consent models and processes.
- 86 • Consent should be as specific and granular as possible about potential uses of the data and should  
87 provide information on who is intended to benefit.
- 88 • Consent should be supported by appropriate governance processes and individuals should be  
89 informed of such processes.
- 90 • Where specific consent is not adopted, consent to broad categories of human genome data use  
91 may be permissible provided there are safeguards in place. This includes, at a minimum,  
92 governance frameworks on the re-use of the data, independent oversight, and such processes  
93 should be informed and supported by community engagement.
- 94 • Where possible, interactive and dynamic consent models that facilitate ongoing communication  
95 and enable individuals to quickly update their consent preferences are encouraged.
- 96 • Any uncertainty on the scope of consent on human genome data access, use, and sharing should  
97 be determined by an independent body to consider, amongst others, the context and local  
98 customs and ethical norms in which the consent was provided and the adequacy of the consent  
99 for current technologies.

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- Children, upon reaching the age of maturity, can if desired, provide a new consent or change their preference relating to the use of their human genome data.
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### 103 Social justice

104 A commitment to provide access to, use, and sharing of human genome data in ways that (i) promote human health, individual and collective well-being; (ii) address the needs of under-served individuals and communities, and those experiencing greater health burdens; (iii) reduce socioeconomic inequalities and health inequities; and (iv) avoid individual and group discrimination and stigmatisation.

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108 A commitment to strengthening the capacity and enable access to adequate resources, skills, training and capacity-strengthening for researchers, clinicians, policymakers, genetic counsellors, all healthcare staff and individuals and communities involved in human genome data access, use, and sharing.

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### 111 Actions

- The genomics agenda, specifically on the purpose for human genome data access, use, and sharing, should be locally set according to local health needs and burdens, but with an awareness of existing interconnectedness between the local, national, and international health ecosystems.
  - Results should be returned to individuals, if such results are clinically relevant, validated, and legally and ethically permissible. Any return of results must follow an approved policy and be in line with the individuals' consent.
  - Policies and procedures to protect individuals and communities from stigmatisation and discrimination that can result from the association between genome data, community membership and health status should be developed in advance.
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#### **Genetic discrimination & genetic stigmatisation**

Genetic discrimination involves an individual or a group being negatively treated, or harmed, relative to the rest of the population, based on actual or presumed human genome data.<sup>2</sup>

Genetic stigmatisation involves an individual or a group being labelled, devalued, negatively stereotyped, or socially excluded, based on actual or presumed human genome data.

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### 123 Solidarity

124 Solidarity denotes a commitment to stand with others and to collectively and equitably share the benefits and burdens of human genome data access, use, and sharing, within and across communities.

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### 126 Actions:

- Interests and rights of individuals providing human genome data access, use, and sharing should continue to be protected, particularly as efforts to scale up diversity and representation are increased.
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<sup>2</sup> Definition as amended from the Genetic Discrimination Observatory

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- Decisions on human genome data access, use, and sharing, should include discussions on the risks, 131 benefits, and commitments to facilitating access to the resulting benefits for individuals and their 132 communities.
  - Commercial interests should not be used to justify limiting access to, use, and sharing of human 133 genome data.
  - Governance processes should be introduced to clearly identify duties for data users and associated 134 sanctions in case of non-compliance that act as deterrents, in cases of individual and collective 135 data harms.
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138 **Equitable access to, and benefit from, human genome data**

139 A commitment to provide equitable access to and use of human genome data and its resulting benefits, 140 recognizing that this requires addressing current capacity and power imbalances between different actors 141 that may exist due to exploitative practices and inequities in health systems.

142 A special commitment to increase diversity and representation in datasets and decisions on access to, use, 143 and sharing of human genome data.

144 A special commitment to benefit sharing that includes giving back to individuals and communities whose 145 human genome data are accessed, used, and shared.

146 Actions:

- Increasing representation of datasets across diverse populations is critical but inclusion alone is 147 insufficient to achieving equity. It must be accompanied with, at a minimum, equitable 148 representation in decisions on human genome data access, use, and sharing and decisions on 149 benefits from such activities.
  - Special attention should be paid to the equitable sharing of risks and benefits across and within 150 societies, including affordable access to resulting benefits. This should be considered in advance 151 of access, use, and sharing of human genome data, and where applicable, informed by community 152 engagement.
  - Capacity strengthening should be considered as part of any access to, use, and sharing of human 153 genome data.
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**Benefit sharing**

Benefit sharing involves the equitable distribution of benefits from human genome data access, use, 158 and sharing. This can include profit sharing agreements, access to resulting diagnostics and therapies, 159 technology transfer, and capacity strengthening.

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161 **Collaboration, cooperation, and partnership**

162 A commitment to promote genuine collaboration, cooperation, and partnership between those involved 163 in all aspects of human genome data access, use, and sharing, acknowledging that to achieve this will 164 require a rebalancing of power between individuals, entities, and regions.

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- Decisions on human genome access, use, and sharing should be made collaboratively between researchers, individuals, their healthcare providers, and communities, amongst others, depending on the context.
  - Policies should clarify that human genome data should be accessed, used, and shared within and across the health sectors to improve human health and wellbeing.
  - To promote collaborative decision making and partnership development, efforts should be made to increase health literacy on genomics and human genome data access, use, and sharing amongst all stakeholders, including those contributing human genome data and those involved in decision making.

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#### 174 Transparency

175 A commitment to provide openly available and easily accessible information on policies and processes  
176 that describe human genome data access, use, and sharing, including how the data are to be protected.

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- Publicly available policies should describe who has responsibility for deciding on access to, use, and sharing of human genome data, the criteria for decision-making, and how human genome data will be protected.
  - Systems should be put in place to enable individuals and communities to be informed about the use of their human genome data and the resulting outcomes.
  - Outputs, including publications from human genome data access, use, and sharing should be made available to those who provided the data within a reasonable timeframe. Lay summaries of key insights should be openly available for all.

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#### 187 Accountability

188 A commitment to establish processes preventing human genome data misuse, accompanied by  
189 mechanisms that hold individuals accountable for their misuses of human genome data.

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- Mechanisms should be put in place to guard against the misuse of human genome data, including limiting access, use, and sharing by individuals and entities who cannot or will not adequately protect the data.
  - Mechanisms should be put in place to ensure that individuals or institutions responsible for human genome data misuses are held to account.
  - Those responsible for safeguarding and securing the data, and that can be held accountable for cases of gross negligence or perpetuate data misuse, should be identified prior to human genome data collection, access, use, and sharing.

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200 Stewardship of human genome data

201 A commitment to encourage, enable, and sustain ethical, legal, socially and culturally appropriate, and  
202 responsible, human genome data access, use, and sharing by committing to (i) develop processes to  
203 enable access to, use, and sharing of human genome data (ii) follow the current ethical practices on human  
204 genome data (iii) identify and minimize potential harms in human genome data access, use, and sharing,  
205 (iv) respect applicable law, including laws on privacy and data protection.

206 Actions:

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- 208 • Identify and implement appropriate models that provide equitable access in a manner that best  
protects individuals and communities across contexts.
  - 209 • Attention should be given to the environmental impact of data processing, storage, and use.
  - 210 • Human genome data should be accessed, used, and shared, as applicable with the FAIR and CARE  
211 principles.
  - 212 • There should be appropriate attribution of those who provide the human genome data
  - 213 • Timely data access should be granted but justified, reasonable and proportionate time delays can  
214 be permitted. Where appropriate, community engagement should be ongoing throughout the  
215 data life cycle to ensure that data collection and subsequent use is in line with cultural and social  
216 considerations.
  - 217 • Resources required (including financing, infrastructure, and personnel) to sustain the use of  
218 human genome data should be considered at the outset of the collection and should be reviewed  
219 through the data life cycle.
  - 220 • Current ethical, legal, privacy, data protection, and security standards and practices should be  
221 followed, recognising that they may be informed by standards and practices on health data  
222 generally.

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