

Adoption of the First Global Pandemic Agreement: Advancing Preparedness for Future Public Health Emergencies

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Adoção do primeiro Acordo Global Pandémico: reforçar a preparação para futuras emergências de saúde pública

Palavras Chave

Acordo pandémico · Governança da saúde global · Emergências de saúde pública · Acesso equitativo à saúde · Preparação para pandemias

Since its establishment in 1948 as a specialized UN agency with the aspirational objective consisting of the “attainment by all peoples of the highest possible level of health” (WHO Constitution, Preamble) [1], the World Health Organization (WHO) has acted as the directing and coordinating authority on international health work, collaborating with the UN, governments, and relevant organizations to strengthen health services, provide technical and emergency assistance, and advance disease

prevention and control (WHO Constitution, article 2) [1]. Furthermore, the functions of the WHO also include promoting research, education, public health standards, mental and maternal health, environmental hygiene, as well as proposing conventions, agreements and regulations, and making recommendations with respect to international health matters [1].

Fast-forward to the present day, years after the pandemic phase of COVID-19 was declared over, vaccination numbers remain unevenly distributed between low- and high-income countries. As of August 2024, the proportion of the population in Sub-Saharan countries that has received at least one dose of the vaccine varies between 10% and 40%, compared to around 80% in Europe [2]. Therefore, it is not without reason that COVID-19 has been called an inequality virus as it has exposed, exploited, and exacerbated existing inequalities of wealth, gender, and race [3].

On a global scale and since its inception, the WHO has played a crucial role in preventing and responding to global pandemics [4]. In line with this role, and considering the lessons learned from the COVID-19 pandemic, the necessity to strengthen the global health architecture and address gaps in preventing and responding to health emergencies has been acknowledged by the

WHO. Such gaps include the timely and equitable development and distribution of vaccines, therapeutics, and diagnostics, as well as the reinforcement of health systems in pursuit of universal health coverage. Therefore, in 2021, the WHO decided to establish an intergovernmental negotiating body (INB) to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness, and response, with a view to being adopted under Article 19 or other provisions of the WHO Constitution (Decision SSA2(5)).

After several years of effort, numerous consultations with experts and stakeholders, and a challenging negotiating process involving various drafts and a mandate extension (Decision WHA77(20)), the INB reached consensus on a final draft of the “WHO Pandemic Agreement,” which was subsequently submitted to the 78th World Health Assembly for potential formal adoption. In a plenary session of this Assembly held on 20 May 2025 in Geneva, marking a landmark decision, the Member States of the WHO formally adopted, by consensus, the first Pandemic Agreement [5]. The now-adopted Pandemic Agreement comprises a preamble and 35 articles, organized into three chapters, including various key elements (Table 1) [6].

Overall, according to the official WHO announcement, “the WHO Pandemic Agreement sets out the principles, approaches and tools for better international coordination across a range of areas, in order to strengthen the global health architecture for pandemic prevention, preparedness and response” [5]. Notably, despite its broad and ambitious objectives, the Agreement remains carefully clear of impeding national sovereignty and enforcement mechanisms [7], by expressly stating that “Nothing in the WHO Pandemic Agreement shall be interpreted as providing the Secretariat of the World Health Organization, including the Director-General of the World Health Organization, any authority to direct, order, alter, or otherwise prescribe the national and/or domestic law, as appropriate, or policies of any Party, or to mandate or otherwise impose any requirements that Parties take specific actions, such as ban or accept travelers, impose vaccination mandates or therapeutic or diagnostic measures or implement lockdowns” (Article 22) [5].

While the adoption of the Pandemic Agreement represents a significant step toward achieving its stated objectives of equitable prevention, preparedness, and response to future pandemics, several serious issues still need to be resolved before Member States’ ratification [8]. For starters, some may question the necessity of a new

Agreement text, given that the International Health Regulations (IHR) 2005 [9] already address key elements of the Agreement, such as pandemic prevention and monitoring. Nonetheless, it can be argued that the Agreement secures several substantive gains previously absent from the IHR [10]. Furthermore, a critical element of the Agreement concerns the proposed PABS instrument (Article 12), which consists of a multilateral mechanism for the safe, transparent, and accountable sharing of materials and sequence information on pathogens with pandemic potential, aiming to ensure fair and equitable distribution of benefits arising from its use. Issues that remain to be resolved regarding PABS relate to its operationalization, including global access, considering in particular the specificities of developing countries and potentially conflicting interests arising from the pharmaceutical industry [11].

Another issue requiring attention is the transfer of technology and knowledge, which is vital for expanding local production and enhancing pandemic preparedness. Here, a stalemate might affect technology transfers based on mutually agreed-upon terms. Relying solely on the technology holder for the transfer is not optimal under unfavorable conditions, especially during a health emergency [12]. This narrowing would exclude other non-voluntary measures when voluntary measures are either unavailable or inadequate. Instead, it was previously suggested by some experts to use the terminology recently agreed upon in the context of marine technology transfer: “for this Agreement, transfer of technology is understood to be on fair and most favorable terms, including concessional and preferential terms, and under mutually agreed terms and conditions and the objectives of the Agreement.” [13]. Whether this could cover other (non-voluntary) measures under international law to facilitate technology transfer remains uncertain.

Finally, another major issue requiring attention is the funding mechanism, which was discussed and adopted (Coordinating Financial Mechanism, Article 18). Rather than providing direct funding, this mechanism aims to enhance the transparency, coordination, and accessibility of existing financing sources, particularly for parties in developing countries. While improving the financing process is a commendable objective, it does not address the ongoing shortfall of funds required for strengthening pandemic prevention, preparedness, and response [14, 15]. Nonetheless, it is a positive development that low-income countries are included in the decision-making processes of the funding mechanism.

As the announcement of the adoption of the Pandemic Agreement by the 78th World Health Assembly

Table 1. WHO Pandemic Agreement: organization, general content, and key elements

Section	General content	Key elements
Introduction (articles 1 to 3)	1. Clarifies terms 2. States the objective to “prevent, prepare for, and respond to pandemics” 3. Expresses principles such as respect for state sovereignty, human rights, equity, international law, solidarity, and the use of the best available science	(a) Shared underlying principles (achieving equity as a goal and outcome of pandemic prevention, preparedness, and response), respecting human rights, and international solidarity (b) Collaboration to progressively enhance pandemic prevention and public health surveillance capacities
Chapter II (articles 4 to 18) titled “ <i>The world together equitably: achieving equity in, for and through pandemic prevention, preparedness, and response</i> ”	1. Commitments across key areas of pandemic governance 2. Measures for pandemic prevention and surveillance 3. One health approach 4. Health systems and workforce measures 5. Regulatory systems and research and development measures 6. Promotion of sustainable and diversified production and technology transfer 7. Pathogen access and benefit-sharing (PABS) system 8. Equitable logistics, procurement, and supply chains 9. Whole-of-government and whole-of-society approaches 10. Communication, international cooperation, and sustainable financing mechanisms	(c) Promoting a coherent and integrated one health approach (d) Strengthening the health system and its workforce (e) Building geographically shared capacities for research and development (f) Transferring technology and know-how for pandemic-related health products (g) Reaffirming patent flexibilities (h) Ensuring a PABS system (i) Strengthening regulatory measures for the authorization and approval of pandemic-related health products (j) Establishing a funding mechanism for financing pandemic prevention, preparedness, and response capacities (k) Cooperation with the IHR 2005
Chapter III (articles 19 to 35) titled “ <i>Institutional arrangements and final provisions</i> ”	1. Legal, institutional, and procedural framework for operationalization 2. Conference of the Parties 3. Right to vote 4. Procedures for reports to the conference of the Parties 5. Functioning of the secretariat 6. Mechanisms for the settlement of disputes 7. Relationship with other international agreements 8. Other procedural and formal aspects of the international agreement	

Source: Adapted from the WHO Pandemic Agreement; 2025 [6].

came through, Dr. Tedros Adhanom Ghebreyesus, WHO Director-General stated that “*The world is safer today thanks to the leadership, collaboration and commitment of our Member States to adopt the historic WHO Pandemic Agreement,*” adding that “*The Agreement is a victory for public health, science, and multilateral action. It will ensure we, collectively, can better protect the world from future pandemic threats. It is also a recognition by*

the international community that our citizens, societies, and economies must not be left vulnerable to again suffer losses like those endured during COVID-19” [5].

Whether such an enthusiastic proclamation can fulfill its promise remains to be seen. In an era marked by eroding multilateralism and globalism, it is commendable that, despite its shortcomings, representatives from around the world have come together following a lengthy and comprehensive

hearing and drafting process to support a common Agreement of principles, strategies, and tools designed to prevent, prepare for, and respond to pandemics. It is yet to be determined if the lessons from the recent COVID-19 pandemic have been learned and if this instrument will provide an effective platform for enhancing the global public health response to future pandemics. Realizing this potential will require prioritizing the needs of the most vulnerable, maintaining a sustained commitment to multidisciplinary implementation strategies, and reaffirming the crucial role of international cooperation in global health governance.

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ment, affirmed the critical importance of a multidisciplinary approach for its effective implementation, and underlined the central role of international cooperation in global health governance.

Conflict of Interest Statement

The authors have no conflicts of interest to declare. André den Exter and João V. Cordeiro were members of the journal's Editorial Board at the time of submission.

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References

- 1 World Health Organization. Constitution of the world health organization [internet]. Geneva: WHO; 1946. [cited 2025.05.30]. Available from: <https://www.who.int/about/governance/constitution>
- 2 Mathieu E, Ritchie H, Rodés-Guirao L, Appel C, Gavrilov D, Giattino J, et al. Coronavirus (COVID-19) vaccinations. 2024. Our World in Data.org[cited 2025.05.30]. Available from: <https://ourworldindata.org/covid-vaccinations>
- 3 Berkhout E, Galasso N, Lawson M, Rivero Morales PA, Taneja A, Vázquez Pimentel DA. The inequality virus: bringing together a world torn apart by coronavirus through a fair, just and sustainable economy: summary: briefing paper. Oxford: Oxfam International; 2021. <https://doi.org/10.21201/2020.6409>
- 4 Brown TM, Cueto M, Fee E. The World Health Organization and the transition from “international” to “global” public health. *Am J Public Health*. 2006;96(1):62–72. <https://doi.org/10.2105/AJPH.2004.050831>
- 5 World Health Organization. World Health Assembly adopts historic Pandemic Agreement to make the world more equitable and safer from future pandemics [Internet]. Geneva: WHO; 2025. [cited 2025.05.30]. Available from: <https://www.who.int/news/item/20-05-2025-world-health-assembly-adopts-historic-pandemic-agreement-to-make-the-world-more-equitable-and-safer-from-future-pandemics>
- 6 World Health Organization. Seventy-eighth world health assembly. Third plenary meeting, 20 may 2025. WHO pandemic agreement. Geneva: WHO; 2025. [cited 2025.05.30]. Available from: https://apps.who.int/gb/ebwha/pdf_files/WHA78/A78_R1-en.pdf
- 7 Okereke E. A Pandemic Treaty without teeth will leave Africa and the world exposed without enforcement mechanisms, even the best commitments risk becoming little more than moral aspirations [Internet]. In: Think global health. New York, NY: Council on Foreign Relations; 2025. [cited 2025.05.30]. Available from: <https://www.thinkglobalhealth.org/article/pandemic-treaty-without-teeth-will-leave-africa-and-world-exposed>
- 8 Wenham C. The Pandemic Agreement may weaken, rather than strengthen multilateralism: unresolved questions on pathogen sharing and vaccine access have effectively placed the agreement in limbo. And ratification looks far off. London: Chatham House. The Royal Institute of International Affairs; 2025 [Internet] [cited 2025.05.30]. Available from: <https://www.chathamhouse.org/2025/05/pandemic-agreement-may-weaken-rather-strengthen-multilateralism>
- 9 World Health Organization. International health regulations 2005. 3rd ed. Geneva: WHO; 2016.
- 10 Villarreal PA, Gross A, Phelan A. The proposed Pandemic Agreement: a pivotal moment for global health law. *J Law Med Ethics*. 2025;53(S1): 55–8. <https://doi.org/10.1017/jme.2025.22>
- 11 Eccleston-Turner M, Rourke M, Switzer S. Fate unknown: the Pandemic Agreement's pathogen access and benefit sharing: seven issues exemplify the complex choices that member state negotiators still face [Internet]. In: Think global health. New York, NY: Council on Foreign Relations; 2025. [cited 2025.05.30]. Available from: <https://www.thinkglobalhealth.org/article/fate-unknown-pandemic-agreements-pathogen-access-and-benefit-sharing>
- 12 't Hoen E. “Mutually agreed terms and conditions” says it all [Internet]. *Medicines L Policy*. 2025. [cited 2025.05.30]. Available from: <https://medicineslawandpolicy.org/2025/03/mutually-agreed-terms-and-conditions-says-it-all/>
- 13 Panel for a global public health convention, spark street advisors, AHF Brazil. In: Thirteenth Meeting of the Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response, April 9, 2025: submission article 11. Lauderdale, FL: AHF Global Public Health Institute; 2025. https://apps.who.int/gb/inb/pdf_files/inb13-written-statements/INB13R_Joint_Statement-09-04-2025.pdf

- 14 Fidler DP. The Pandemic Agreement fractures in the latest negotiations WHO member states continue to disagree on critical issues and might tackle them after adopting a pandemic agreement. Think global health. New York, NY: Council on Foreign Relations; 2024. [cited 2025.05.30]. Available from: <https://www.thinkglobalhealth.org/article/pandemic-agreement-fractures-latest-negotiations>
- 15 London School of Hygiene & Tropical Medicine. Expert Comment: what could the WHO pandemic treaty mean for global pandemic response?. London: London School of Hygiene & Tropical Medicine; 2025 [Internet] [cited 2025.05.30]. Available from: <https://www.lshtm.ac.uk/newsevents/news/2025/expert-comment-what-could-who-pandemic-treaty-mean-global-pandemic-response>