



WHO Pandemic Agreement Negotiations Reach Critical Stage Pending an Equitable Solution on Access and Benefit Sharing

The intergovernmental negotiations on a pandemic agreement have concluded, with a final text to be presented for adoption at the World Health Assembly in May 2025. If adopted, Member States will individually determine whether to join the agreement. We congratulate Member States of the World Health Organization for reaching this critical stage after significant efforts over the three years of negotiations. This achievement shows the essential role that multilateral fora can play in providing a platform to address global challenges.

The pandemic agreement represents just the second legally binding instrument negotiated under WHO auspices grounded in Article 19 of its Constitution. These negotiations were characterized by notable power disparities, an unusual approach where Member States ceded significant negotiating authority to a Bureau, and considerable influence from commercial interests in shaping critical provisions related to geographical expansion of vaccine production, technology transfer, and intellectual property.

The pandemic agreement adopts a hybrid format, combining binding provisions, best-effort commitments and deferring some issues to the future conference of the parties (COP).

Provisions in the Agreement include: prevention measures at the human, animal and environment interface including surveillance; strengthening of health systems and workforce capacity; promotion of research collaboration and transparency across the value chain and clinical trials; and conditions tied to public R&D funding to support timely and equitable access to pandemic-related products, particularly for developing countries. The Agreement requires parties to strengthen production capacities for these products in all regions, with special emphasis on developing countries. Additionally, it establishes a Network to enhance equitable access to pandemic-related health products, with specific functions to be determined by the future COP. We note that substantive concessions were made by developing countries to achieve consensus. The agreement, as adopted, does not include enforceable obligations on key issues such as concrete commitments to increase equitable access to vaccines and other medical products during pandemics, regulating vaccine stockpiling by individual countries, mechanisms for technology and know-how transfer for accelerated production of vaccines and medical products, dedicated

funding for the instrument and surge financing during pandemics, particularly for developing countries.

A critical component of the pandemic agreement remains unresolved: ensuring equitable and timely access to medical countermeasures for developing countries during pandemics—a cornerstone issue—was relegated and deferred to subsequent negotiations. The current framework merely establishes placeholder provisions: the most significant being that manufacturer participating in a yet-to-be-established system pledge to donate 10% of products and reserve at affordable prices to WHO no more than 10% of products. In exchange, countries agree to relinquish existing rights to condition access to pathogen materials and information to sharing of benefits. This trade-off is not yet a done deal; the unconditional access to these materials remains contingent upon finalizing arrangements for equitable benefit-sharing. The South Centre will continue to support developing countries to identify the elements necessary for achieving such equitable arrangements.