

## EDITORIAL

# A pandemic agreement is within reach

**A**t the end of May, 194 member states of the World Health Organization (WHO) will meet for the World Health Assembly. Negotiations underway now will determine whether they vote then to adopt a pandemic agreement. For the past 2 years, discussions have focused on articulating essential components of a robust and equitable architecture for pandemic preparedness and response. Despite this, talks have failed to produce sufficient consensus on a detailed draft, prompting the intergovernmental negotiating body to propose a “streamlined” version. The new text, released on 16 April, consolidates provisions for research and development, technology transfer, pathogen access and benefit sharing (including pandemic products such as medicines and vaccines), with many particulars deferred to future procedures. Ultimately, success of the agreement will depend on these details and implementation. Nevertheless, member states shouldn’t bypass the consensus reached to date, but continue progress to adopt this agreement.

The new draft establishes core obligations and institutional arrangements necessary for pandemic prevention, preparedness, response, and, to some extent, recovery. It substantially refines provisions on surveillance and preparedness (including a monitoring and evaluation system), retaining those for a health workforce. The simplified articles call for parties (states or regional economic organizations that consent to be bound by the agreement) to promote timely and equitable access to pandemic products that result from government-funded research and development. Similarly, parties must publish relevant provisions of agreements they enter into to purchase pandemic products. Other articles cover geographic diversification for producing pandemic products, technology transfer, and a global supply chain and logistics network. The draft also establishes a conference of parties.

The text illuminates two contentious issues at a high level. One is upstream prevention and a One Health approach to prevention, preparedness, and response, which recognizes links between the health of people, animals, and ecosystems. The other commits parties to establishing a new WHO Pathogen Access and Benefits Sharing system (PABS). An accompanying draft resolution, prepared by WHO for adoption at the forthcoming World Health Assembly, proposes creating intergovernmental working groups. Two such groups are tasked with de-

veloping new international instruments for One Health and for PABS, with both operational by May 2026. These would provide specific details on the modalities, terms, and operational dimensions of a One Health approach and the PABS system. Both agreements are proposed to be adopted as legally binding treaties, but member states could actively “opt out.” By contrast, the pandemic agreement would require member states to “opt in” to become parties and thus be legally bound.

Science is central to the pandemic agreement. Any PABS system will affect scientific endeavors globally. The proposed components of PABS include obligations to share samples and sequence data of pandemic pathogens. PABS would also establish a mechanism for equitable

sharing of benefits that arise from the use of these materials and information, including up to 20% of real-time production of vaccines, diagnostics, and therapeutics. This can also include capacity building, scientific and research collaborations, technology transfer, and collaborative research between countries. Similarly, although details of a One Health approach would be provided in the new One Health instrument, parties would commit “to identify and address” the drivers of pandemics, disease emergence, and interventions. This will rely heavily on the availability of scientific evidence. A mechanism for synthesizing science for

policy should be included in the One Health instrument. The intellectual property provisions in the streamlined draft oblige parties to “promote” or “encourage” intellectual property holders to license pandemic products and forgo royalties. But the text retains language recognizing the rights of World Trade Organization members to use full flexibilities relating to intellectual property rights that protect public health according to the Agreement on Trade-Related Aspects of Intellectual Property Rights.

Throughout negotiations, a false dilemma between science and equity has emerged, suggesting that legal mechanisms to facilitate equitable access to pandemic products, such as PABS, conflict with open science and innovation. However, equity is an ethical imperative and is fundamental to accurate, representative, and actionable pandemic science. The certainty of a future pandemic requires global cooperation for science and equity. Member states have an opportunity to lay a solid foundation that supports this ideal.

—Anita Cicero and Alexandra Phelan

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