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The WHO Pandemic Agreement and India's Path Forward

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The Pandemic Agreement serves as an essential blueprint in global health security. Its success depends on the sustained commitment, collaboration, and investment of all nations. India's leadership will be vital for ensuring that the next pandemic finds the nation, and the world, better prepared.

At the 78th World Health Assembly (WHA) held last month in Geneva, member states of the World Health Organization (WHO) adopted a pivotal new treaty in the collective pursuit of a safer and more equitable world. The WHO Pandemic Agreement marks a historic milestone for global health security. In this piece, we reflect on its significance, the complex dialogues that shaped it, its specific implications for India, and the next steps that will determine its success.

The COVID-19 pandemic laid bare the stark vulnerabilities within our national and global health architecture. It exposed the dangers of uncoordinated national responses, glaring inequity in access to life-saving medical countermeasures, and the urgent need for a more robust, proactive, and collaborative international framework. In March 2021, 25 heads of government and international agencies called upon the international community to work together "towards a new international treaty for pandemic preparedness and response" to build a more robust global health architecture to protect future generations. In November 2021, a special session (the second in the history of the WHO) of the World Health Assembly established an Intergovernmental Negotiating Body (INB) tasked with drafting a pandemic agreement under the WHO framework to enhance global capacities for pandemic preparedness, prevention and response.

Emerging from the hard-learned lessons of the COVID-19 pandemic, the WHO Pandemic Agreement aspires to be a generational accord, a renewed commitment of WHO member states to prevent, prepare for, and respond to future pandemic threats with greater solidarity and effectiveness.

Significance of a Unified Stand

The WHO Pandemic Agreement represents a paradigm shift, moving beyond the reactive stance of the past. It seeks to foster resilience by strengthening national health systems, building a skilled and multidisciplinary health emergency workforce, promoting a "One Health" approach, and establishing clear mechanisms for international cooperation.

The 'One?Health' framework recognises that human, animal, and environmental health are deeply interwoven—about 75?per cent of emerging infectious diseases arise from animals—prompting international organisations such as WHO, FAO, OIE, and UNEP to advocate for integrated surveillance, prevention, and response systems. Embedding One?Health within the WHO Pandemic Agreement is therefore vital: it ensures early detection at the human?animal?environment interface and supports multisectoral coordination to prevent and mitigate future outbreaks.

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A key aspiration is to ensure that the catastrophic failures in access to vaccines, diagnostics, and therapeutics witnessed during the COVID-19 pandemic are not repeated, underscoring the importance of equitable access as a cornerstone of global health security. It reaffirms the sovereign right of states to determine their public health policies while simultaneously emphasising the shared responsibility to protect global health.

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Navigating a Contentious Terrain

Reflecting the diverse interests and capacities of WHO's now 193 member states, the path to this Agreement was fraught with complex and often contentious negotiations.

First, the Pathogen Access and Benefit Sharing (PABS) was the most challenging for the Intergovernmental Negotiating Body (INB). Developing countries, often the first to identify and share novel pathogens, have long argued for a system that guarantees them fair and equitable access to the benefits - such as vaccines and treatments - derived from pathogen and data sharing. Conversely, some developed nations and pharmaceutical companies raised concerns about intellectual property rights, over-burdensome obligations, and the potential supply-chain disruptions.

Under Article 12, the Agreement establishes the principle of a PABS system, aiming to facilitate the sharing of pathogens and their genetic sequence data (GSD) in exchange for some of the resulting benefits, which may be in the form of diagnostics, therapeutics and/or vaccines. However, the operational details of this system are so crucial and complex that they have been left for later negotiation of a separate Annexe. The current proposal includes a commitment for manufacturers to provide a percentage of their pandemic-related products to the WHO (10% as donations and 10% at affordable prices).

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Second, technology transfer for the production of medical countermeasures was another major hurdle. Developing countries, including India, pushed for stronger commitments to share relevant know-how, skills, and intellectual property to enable geographically diverse manufacturing and reduce over-reliance on a limited actors. While some high-income nations resisted mandatory provisions, fearing they would stifle research and development, the final text promotes and incentivises technology transfer "as mutually agreed"[1], a step forward from purely voluntary models. The Agreement also reaffirms countries' rights to use the WTO-TRIPS flexibilities, although the so-called 'peace clause' (Article 11(4)) did not reflect obligations against pressuring countries from using TRIPS flexibilities. The Agreement, under Article 11, also encourages WHO member states to encourage patent/license holders of pandemic-related health products to forgo or otherwise charge reasonable royalties in particular to developing country manufacturers during a pandemic emergency.

Third, establishing a sustainable and equitable financing mechanism to support preparedness in low- and middle-income countries (LMICs) and to fund response efforts during a pandemic was another critical point of discussion. The Agreement, under Article 18, calls for a coordinating financial mechanism, potentially blending assessed contributions with innovative funding sources, but the scale and modalities of this funding will be an ongoing challenge.

Fourth, the INB struggled with adopting a "One Health" approach. European countries, in particular, pushed hard for strong "One Health" norms. Developing countries understood its importance, but feared an unfunded mandate. Ultimately, the "One Health" approach was adopted under Article 5 – its first formal adoption in a global health treaty.

Finally, underpinning the entire treaty, was the overarching principle of equity. The stark "vaccine apartheid" during the COVID-19 pandemic fuelled a strong demand from the Global South for the agreement to embed equity not just as an aspiration but as a measurable outcome. While the final text embodies equity, the extent to which its provisions will translate into tangible equitable outcomes will depend heavily on its implementation.

What the Agreement Means for India

For India, a nation with significant pharmaceutical manufacturing capacity, a dense population, diverse ecosystems, and a key voice for the Global South, the Pandemic Agreement carries substantial implications and opportunities.

First, India has a dual role in a PABS system. As a country with significant biodiversity and a robust genomic surveillance capacity, it lies at the epicentre of zoonotic emergence and already contributes vital pathogen samples to global databases. Simultaneously, as the "pharmacy of the Global South," it will play an important role in manufacturing and supplying affordable medical countermeasures. The PABS system, once fully defined, must ensure that emerging economies such as India's contributions are recognised and that it has access to the necessary benefits, both monetary and non-monetary. India will need to proactively engage in the Annexe negotiations to ensure the system is equitable, workable, and supports its public health and industrial objectives. Subsequently, India will need to align its Biological Diversity Act, 2002 and Nagoya Protocol-implementing rules with the Annexe to avoid legal conflicts.

Second, India stands to both gain and contribute to the technology transfer discourse. Its pharmaceutical industry, which played a vital role globally during COVID-19 (e.g., the "Vaccine Maitri" initiative), can benefit from technology inflows for newer platforms like mRNA. Biological E, based in Hyderabad, is already one of the fifteen beneficiaries of the WHO mRNA Technology Transfer Hub,

one of the largest global technology transfer initiatives. Conversely, India can also be a source of technology transfer for conventional vaccine production and therapeutics to other developing countries. The "mutually agreed terms" clause for technology transfer means India will need to leverage its diplomatic and negotiating strengths to forge partnerships. It should continue to advocate for mechanisms that facilitate genuine technology sharing, possibly through South-South collaborations and technology 'hubs'.

Most importantly, the "One Health" approach is particularly critical for India, given its high population density, close human-animal-environment interface, and significant agricultural sector. Zoonotic spillover events are a constant threat. The Agreement's emphasis on increased coordination across sectors and strengthening national surveillance systems, including integrating human, animal, and environmental surveillance, aligns with India's ongoing efforts to bolster its Integrated Disease Surveillance Program (IDSP) and build the Indian SARS-CoV-2 Genomics Consortium (INSACOG) 2.0. This will require sustained investment in laboratory capacity, data systems, and a skilled public health workforce at all levels. The Agreement provides an impetus to further strengthen these national capacities and to collaborate internationally on surveillance and early warning.

The Path Ahead: Next Steps

The adoption of the Pandemic Agreement by the WHA is not an endpoint but a critical stepping stone with several crucial steps lying ahead.

The immediate focus will be on finalising the PABS Annex. These negotiations, ambitiously expected to conclude by May 2026, are vital as the main Agreement will not be open for ratification until this Annex is adopted by the WHO member states at the World Health Assembly. An Intergovernmental Working Group (IGWG) will spearhead these negotiations, and India's active participation, together with other developing countries, will be essential to shape a system that is both equitable and practical. Once the Annex is finalised and the complete package is ready, 60 member states will need to formally sign and ratify the Agreement to bring it into force. This process can take time and will require sustained political will within each signatory country.

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Each signatory country, including India, will need to translate the Agreement's provisions into national laws and policies - this is where the rubber meets the road. This process will involve significant investment in strengthening health systems, developing a multidisciplinary health workforce, enhancing R&D capabilities, diversifying manufacturing, improving regulatory pathways, including harmonising regulations, and operationalising the One Health approach. While India is the world's third-largest pharmaceutical industry by volume, with a market size of around $50 billion, there is a significant gap in both private and public research spending. The Government's recent "Promotion of Research and Innovation in Pharma MedTech sector (PRIP)" scheme, is an encouraging step towards accelerating investments in the R&D ecosystem at a time when the world faces significant deficits in R&D investments.

Finally, once the agreement enters into force, a Conference of Parties (COP) will convene. The COP will serve as the governing body of the Agreement, responsible for overseeing its implementation, making key decisions on operational matters (including the coordinating financial mechanism and One Health), reviewing its effectiveness, and considering any future amendments or protocols. It will also establish a mechanism to monitor compliance and facilitate effective implementation in a 'transparent and non-punitive manner'.

Once the PABS Annex is finalized, we propose it be formally adopted at a special session of the WHA held in a developing country—whether in Africa, Latin America, or perhaps India. Hosting the WHA outside Geneva for the first time would carry immense weight, break traditions, and underscore global solidarity.

The WHO Pandemic Agreement serves as an essential blueprint in global health security. However, its success does not hinge on the text itself, but on the sustained commitment, collaboration, and investment of all nations. As the Agreement moves from ink to action, India's leadership and engagement—both at home and in the COP—will be vital to ensuring that the next pandemic finds the nation, and the world, better prepared.

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