The Pandemic Agreement and its implications for Pandemic Prevention, Preparedness and Response (PPPR)

with a focus on South and South-East Asia

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WHO-Pandemic Agreement: A Snapshot

- Global, regional and national provisions to face future pandemics
- Negotiation time of 4 years (2021-2025)
- Adopted by 123 WHO member states ***but not ratified***
- Ratification contingent on the Pathogen Access and Benefit Sharing (PABS) annex

Our study

- Implication of the PA agreement for equity in Pandemic Preparedness, Prevention and Response (PPPR)
- Implications of the negotiations for alignment within the Global South and collective action on health in the future
- Recommendations to strengthen PPPR globally, regionally and in India

Focus is on India and South and South-East Asia

Study rationale, approach, and methods

Why study the PA? India, S&SE, Global needs

- India- ‘Pharmacy of the World’ yet high import dependence on critical medial countermeasures for pandemics, *we need finance, tech, medical countermeasures*
  - **Active Pharmaceutical Ingredient (API)- 90% imported from China | Routine vaccines such as Hepatitis, Polio etc. imported | Medical equipment (80%) & high value medical consumables and disposables- Import dependent on China, USA, Germany, Singapore and Japan** (IBEF, 2026, Pharma Dep. 2023)

- S&SE- History of endemics and epidemics- SARS (2003), H1N1 (2009), ASEAN several PPPR initiatives pre-Covid, emerging pharma manufacturing hub, Global health diplomacy aspirations (Singapore, Malaysia, Thailand). Yet, fractured Covid response, ***need frameworks for regional cooperation for pandemics***

- Globally, new ‘outbreaks’, old response- Ebola, Hanta- *Shortfall in funding, vaccines, surveillance (again!!)*

Our approach

- **Mapped legal instruments governing PPPR before PA-** Baseline of PPPR and gaps, limitations and the distinctive aspect of the PA
- **Equity provisions and its changes between zero draft and final draft –** Focusing on 4 provisions (One Health, Technology Transfer, Financing, Pathogen Access and Benefits Sharing)
- **Negotiations-** Underlying foundation of geopolitics which sustains PPPR
- **India, South and Southeast Asia-** What the PA means for PPPR in this region, its role in the PA
- **Recommendations-** Global, regional and national

Methods and Data Sources

Qualitative study based on primary and secondary research and triangulation across 6 data sources. Utilised an iterative inductive approach to guide analysis.

SECONDARY SOURCES · *desk research*

Treaty & initiative documents
INB records; PA Drafts; WHO–World Bank frameworks; Global Health Law Instruments - IHR, PIP, CBD & Nagoya

Academic literature
Reports, policy briefs & scholarship by global health thinks and research bodies writing on efficacy of treaties and initiatives

Live reporting on negotiations
Geneva Health Files, Health Policy Watch & media

PRIMARY SOURCES · *interviews & consultations*

Key informant interviews
30+ interviews, former bureaucrats, health, external affairs ministries etc, global health experts, journalists, academics, etc.

Round tables in 5 countries
Sri Lanka, Indonesia, Thailand, Vietnam & Malaysia

Closed-door expert discussions
Closed door CSEP webinar, Sept 2025 — health experts from CGD, WHO SEARO, PHFI, Amref

Early findings shared at– World Health Assembly Side event, NLS Public Policy conference and Global Health Security Conference, global health experts (NUS, Graduate Institute Geneva)

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Analysis I

Pandemic Agreement and its implications for equity in Pandemic Prevention, Preparedness and Response (PPPR)

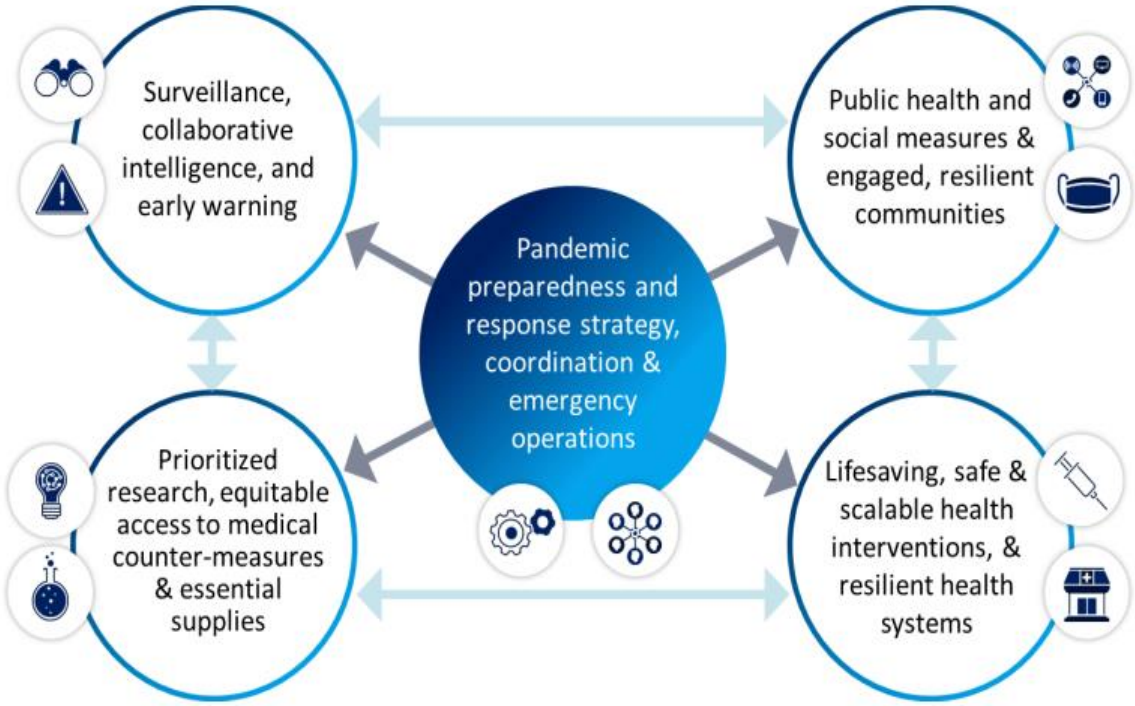
What does PPPR require?

- PPPR system **comprises 5 sub-systems** (WHO and World Bank, 2022)
- Interconnected systems operating at:

Global: shared systems, norms that no single state can alone develop – governed by a patchwork of treaties & legal measures.

Regional: Pooled procurement, regional stockpiling, cross-border surveillance. Supports smaller countries with limited capacity and voice.

National: Service delivery, financing, overall health system capacity.



The Promise of the Pandemic Agreement

- **Article 19 of the WHO Constitution** - *opt-in*, formal ratification process, higher legal weight and political legitimacy compared with *opt-out* (Eg. IHR)

- **Fore-fronts 'equity' & solidarity as guiding principles–** Equity as '…the absence of unfair, avoidable or remediable differences among and between individuals, communities and countries'. 'Equity' became a battleground, core clashes around this – explored ahead.

- **Scope: Covers all aspects of PPPR unlike previous treaties –** Through emphasis on prevention (One Health), PA moves beyond response-centric thrust in previous treaties. Expanded scope in terms of areas covered (Eg. PIP covered only Influenza, Nagoya primarily deals with benefit sharing only for signatories and physical sequences).

Gaps in Global legal instruments governing PPPR

Instruments

- International Health Regulations (IHR) *1969 (amended 2005, 2024)*
- Convention on Biological Diversity (CBD) *1992*

  Nagoya Protocol (under CBD) *2010*
- Pandemic Influenza Preparedness (PIP) Framework *2011*

Gaps

- **'Soft' vs 'hard' law** – Soft- Non-binding, normatively worded, norm setting, encouraging building core capacities. (Eg. Technical guidelines, standards, protocols). Hard- treaties.
- **Unclear accountability and compliance –** no legal ramifications in case of non-compliance of provisions; IHR – lack of standalone M&E
- **Inequities in Financing & domestic capacity** –implications for access to Medical counter measures such as vaccines for LMICs
- **Exclusion of non-state actors-** stems from 'State-Centricity' of major instruments

Next Pandemic is a question of *when* not *if* – Will the PA deliver?

Equity provisions from the Zero Draft to Final Text

One Health

ZERO DRAFT

Legally enshrines prevention at the source; Binding national One Health action plans on AMR.

FINAL TEXT

Recognises the human–animal–environment interface; national plans dropped.

Technology transfer

ZERO DRAFT

Time-bound IP waivers to scale up manufacturing in LICs and LMICs.

FINAL TEXT

Transfers only "as mutually agreed", huge pushback from countries with stronger pharma lobbies.

Financing

ZERO DRAFT

Specifies targets for domestic financing: 5% of health spending to PPPR.

FINAL TEXT

Targets dropped. Proposes 'Coordinated Financial Mechanism' – modalities deferred to COP.

Pathogen Access & Benefit Sharing

ZERO DRAFT

Creating a multilateral system tying pathogen and sequence sharing to guaranteed benefits.

FINAL TEXT

Too contentious to adopt (sovereignty, nature of benefits) — deferred to a separate annex, negotiations ongoing.

Key Takeaways from the 4 Provisions

- **Legally**: Binding obligations softened into aspirational, voluntary terms — "as mutually agreed" recurs throughout.
- **Operationally**: Enforceability deferred to national circumstances; operational detail passed to the Conference of Parties to finalise and monitor.
- **Normatively**: Historic as norm-setting — the second agreement adopted under Article 19 — yet the **will to legally commit to equity is, at best, incomplete.**

PABS is the decisive test. *Whether it delivers genuine benefit-sharing will decide if the Agreement realises equity and solidarity.*

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Analysis II

Negotiations for the Pandemic Agreement

We won!!, wait, did we? The Global South in equity negotiations in the PA

3 part framework of analysis

- Impetus- What drove the demand for a global legal instrument like the PA?
- Actors/Pathways/Channels- Who was involved in the negotiations? What influence did they have?
- Issues/Debates/Contestations- Which issues were contentious? Why?

The impetus for the negotiations

- No united ‘global south’ call for the PA- Regionally concentrated earlier health emergencies in S&SE- Ebola/H1N1- but ASEAN, Africa Union were not involved
- India, China, Brazil initially hesitant on a legal treaty- Call to reform the IHR
- Europe led call for the treaty- 2021- Group of 21 heads of state called for a new treaty- Europe (11) and Africa (7) South America (2), Asia (3- Thailand, Indonesia and the Republic of Korea)
- Driver- Saving Multilateralism (EU and some GS countries), National positioning (Indonesia), global ambitions (Thailand, EU)

Actors in the PA and their influence on equity

- Insertion of texts or oral presentations
- National governments+++ Formal regional bodies (European Union), Informal regional bodies (Africa group), cross regional groups (MIKTA), issue-based groups (Friends of the Treaty, Friends of One Health), Health-principle based groups (Equity group) - Most influential Africa and Equity Group, individual countries
- No regional group from S & SE Asia- Notable absence of BIMSTEC and ASEAN
  - BIMSTEC 2023- High level conferences (with WB) on strengthening PPPR, expert health group meeting on One Health
  - ASEAN 2020 pre-covid initiatives, close-door meetings on the PA, supported several SE countries in Covid
- CSOs notably missing, industry group influence through countries of global north- Deeply criticised WHO process of conducting the negotiations

The Africa and the Equity group

- Africa (47 members of WHO Africa region) and Equity Group- Key equity provisions influenced
  - Inclusion of PABS as key to the ratification
  - One Health Provisions without additional financial obligations on LICs and LMICs
  - Regulatory harmonisation to not undermine national regulatory autonomy
- Equity group- Unique actor (25-35 countries across WHO regions)
  - Formed in 2023, covering Asia, Africa, Latin America and the Pacific
  - Covers majority of WHO member states, Common proposals (+African countries) > 80 countries
  - “Critical bridging role”, middle-income countries (Brazil eg.) mediated between G-7 and the Africa group on tech transfer (added the line according to ‘national circumstances’ in tech transfer)
- Key South and South East Asian Countries Bangladesh, India, Indonesia, Thailand (Co-chair of IGWG) and Malaysia

The ephemeral ‘Global South’

- ‘Global south’ fractured and misaligned
  - Member countries fragmented into smaller blocs- geopolitical pressures and donor/funding channels (Eg. Colombia, Philippines and Mexico have strategic ties with the US)
  - 2025- US Bilateral deals with African countries-health aid in return for pathogen data (14 African countries)
  - Wide diversity in the Equity group, challenge to reconcile positions (legal contracts for Pathogen Access and Benefit sharing to be binding? or continuous sharing of pathogen data irrespective of the extent and timeline on the benefit sharing?)
- Implications for the PA
  - Equity diluted in the final draft and un-operationalised
  - PABS negotiations remain inconclusive- two extensions already, latest till 2027

Contestations and their focus

- Contestations on national sovereignty and geopolitics (One Health, Tech transfer and PABS)
- Less on politically owned, technically operational and financially sound solutions building on
  - Existing habits of cooperation and coordination among nation-states eg. PPPR initiatives underway in several regions (Eg, Asia-Pacific Pathogen Genomic network, waste-water surveillance initiatives in South Asia)
  - Pre-existing channels for information sharing (Eg. ASEAN and China. ASEAN received information about a novel virus at Wuhan the same time that WHO received it)
- 'Urgency' narrative and pressures of global initiative-making- technical foundation, community of practitioners, moderation of commercial interests missing

India and the PA

- Adopted the PA but a restrained role in the negotiations
  - Part of the equity group
  - Participated on provisions directly impacting national interests, less of a leadership role on larger ‘equity provisions’
  - Eg. Regulatory harmonisation, traceability of pathogen data, inclusion of digital sequencing, binding contracts for benefit sharing
- Pressure of a delicate balancing act between manufacturing needs (access to tech transfer), protecting the existing industry, and health system needs

India missed chance for leadership…

Important PPPR initiatives pre-date covid and the PA, could have taken leadership on these provisions

- 2002 Access and Benefit Sharing (ABS) Law | 2019- One Health Institute, Pune
- Regional (WHO SEARO) and global cooperation (support to African and South American countries)
- Disease surveillance (IDSP- 2002), Laboratories Network (2013), AMR plans (2017) known areas to be strengthened

But tomorrow is another day…

Leadership pathway open for India in post-PABS/PA world. India's key ongoing initiatives across levels..

- **National** 2020 Indian SARS-CoV-2 Genomics Consortium (INSACOG), consortium of 50+ Indian laboratories
- 2024- PM-ABHIM program- Mainstreaming PPPR activities eg. surveillance in health facilities from PHC upwards
- 2025 One Health Mission led by the Office of the Principal Scientific Advisor to the Prime Minister coordination across 12 ministries, states, NGOs and private actors
- **Globally i**nfluential geopolitical groups QUAD (Quad Bio-explore for pandemic preparedness)
- **Regional** orgs-ASEAN, AU, PAHO (Telemedicine, technology transfer, pharmaceutical cooperation)
- **Bilateral -** India-US trust initiative for Biotech collaboration and Bio-5 Biopharmaceutical Supply Chain Consortium
- **Global private initiatives**- CEPI's 100 days mission, Asia-Pacific Genomic and Pathogen initiative

Analysis III

Implications and recommendations

Implications

- PABS negotiations and ongoing bilateral deals- Undermined PA?
- Fractured community to advocate for PPPR- Who holds the PA agenda together? No US no PA?
- Unclear operational and technical solutions for PA- Preparing for the COP
- Regional organisations in South and South-east missing- Building coherence, coordination on PPPR esp. in South Asia
- Restrained voice of India on issues critical for an inclusive regime- A quite India could mean a weak global regime?

Recommendations- Global

Strengthen habits for agenda-making within Global South and formalise pathways for CSO participation in PPPR through WHO

- **Global South Led forums for agenda-making discussions such as the Accra reset** (includes Heads of government, such as Brazil, India, Indonesia+ private health sector actors) **and informal non-government groups like the Elders** (former heads of states and health leaders informal channels was important in the PA negotiations), **can play a pivotal role in future in ensuring that post PABS PPPR regime includes Global South concerns**

- **Leverage WHO's 2019 CSO commission for PPPR and link it with WHO reform agenda**
  - CSO Engagement is a WHO reform priority (DG's May 2026 WHA report on UN80 Initiative global-health-architecture reform)
  - WHO to commission a white paper on how to leverage 2019 CSO Commission to increase CSO participation in PPPR particularly in S & SE Asia

Recommendations-Regional S&SE

Operational frameworks for PABS, COP and community of influencers on PPPR to be developed at the regional level

- **National governments to further deepen existing 'regional technical cooperation initiatives' to other areas of PA defined PPPR –** Eg INSACOG, ACPHEED, Asia Pacific Genomics Pathogen Initiative
- **Health and PPPR as part of future agendas of key geopolitical groups-** Quad Pandemic preparedness workshops, ASEAN One health, G20-New Delhi Health Focus
- **Regional R&D hubs - India-Thailand and Singapore anchors of regional networks for academic and research institutions on PPPR-** Eg. SEAOHUN and the Asia-Pacific Academic Consortium for Public Health (APACPH)

Recommendations- India

Remain engaged in the PABS, ratify the PA and play an active role in operationalising PA globally and in the region (EVEN IF PA IS NOT IMPLEMENTED)

- **Use existing strengths to build regional and global cooperation- One Health, Digital Health, Laboratories network (BSL-4 Lab set-up), Mainstreaming PPPR in urban health infrastructure-** India coordinated regional workshop on PABS (2025), extend to these other areas, knowledge sharing, capacity building, technical partnership on future pandemic preparedness

- **India's PPPR should go beyond One Health, national political level for coordination across ministries is needed on other PPPR issues-** Eg. Develop the Public Health Emergency Management Act (Niti Aayog 2023 expert committee report)

- **Actively promote sub-national success models on PPPR regionally and globally-** Odisha, Tamil Nadu, Kerala

Thank you