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## PABS Annex to the WHO Pandemic Agreement: Member States extend negotiations into 2027

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From 27 April to 1 May 2026, the Intergovernmental Working Group on the WHO Pandemic Agreement (IGWG) convened in Geneva for its final session before the Seventy-ninth World Health Assembly. The session addressed the further development of a mechanism central to the future global health architecture: The PABS<sup>1</sup> Annex to the WHO Pandemic Agreement<sup>2</sup> is intended to give operational and legal form to a multilateral system for the rapid, safe and traceable sharing of pathogen materials and related sequence information, while ensuring that such access is linked to fair and reliable benefit-sharing. Through the timely sharing of information and regulated access to medical countermeasures, the system is meant to enable a faster and more binding response to future pandemics.

An agreement, originally sought ahead of the Seventy-ninth World Health Assembly (WHA79), scheduled from 18 to 23 May 2026, could not be reached. Differences between negotiating groups remained too substantial, particularly between many developing and emerging economies, through the Africa Group and the Group for Equity<sup>3</sup>, and several industrialised countries, including the EU Member States. The absence of a conclusion may initially disappoint, given the intensive efforts of WHO Member States and the active participation of civil society actors all

throughout the process. Yet the agreed extension of the negotiations signals, first, that the legal, technical and political complexity of the PABS system is not being compressed for the sake of a premature compromise. And second, that Member States, despite acute disagreements, remain committed striving for a common system and to bring the Annex to a viable conclusion.

### Extension without agreement: PABS negotiations continue

After five intensive days of negotiations, WHO Member States agreed to submit a draft decision to WHA79 that would allow work on the PABS Annex to continue. The next formal session of the IGWG is now scheduled for 6 to 17 July 2026, with the Annex to be submitted no later than the World Health Assembly in May 2027. Should a viable consensus be reached before then, the Annex could also be considered earlier at a special session of the World Health Assembly. Though several negotiation participants consider an accelerated conclusion unlikely. At present, it appears more likely that the additional negotiating period will be used almost in full. While the extension is generally seen as necessary, there is concern that additional time may not only create room for convergence but also invite a reopening of

<sup>1</sup> PABS stands for Pathogen Access and Benefit-Sharing. Access and Benefit-Sharing (ABS) refer to the principle that access to genetic resources, and associated data is granted only under pre-agreed conditions, and that the benefits arising from their use are shared in a fair and equitable manner with the providers.

<sup>2</sup> The Pandemic Agreement can be accessed at the following link: [https://apps.who.int/gb/ebwaha/pdf\\_files/WHA78/A78\\_R1-en.pdf](https://apps.who.int/gb/ebwaha/pdf_files/WHA78/A78_R1-en.pdf)

<sup>3</sup> The Group for Equity is a cross-regional grouping, composed primarily of developing countries and emerging economies, that advocates for equity to be more firmly embedded in the negotiations on the WHO Pandemic Agreement. It comprises 33 WHO Member States, including Bangladesh, Brazil, China, India, Indonesia, Colombia, Malaysia, Mexico, Pakistan, South Africa and Thailand.

compromise lines that had already begun to take shape.

### Familiar divides, careful movement

Despite some signs of convergence, disagreements over core principles continued to draw delegations back to the same fault lines that had shaped earlier negotiating rounds. It remains contested which pathogens should fall within the future system, under what conditions PABS materials and sequence information should be shared and how the benefits arising from such sharing should be made available.

Many developing countries and emerging economies, in particular the Africa Group and the Group for Equity, insist that benefit-sharing obligations be legally anchored and enforceable at the point of access to PABS materials and sequence information. For them, this is essential if the PABS system is to translate the link between access and benefit-sharing into operational practice.

Several industrialised countries argue that future health emergencies cannot be fully anticipated. Which pathogens will emerge, which products will be needed, which manufacturers will have relevant capacities, and which markets will develop can hardly be determined in advance. From this perspective, an overly rigid system risks slowing research, development and production through complex ex ante obligations, or discouraging actors from participating at an early stage. Our previous Geneva Telegrams have analysed these points of contention in depth and set out their political and practical implications in detail<sup>4</sup>.

In the most recent round of negotiations, the question of monetary contributions became more prominent. These would require commercial users to make a regular or use-based contribution for access to PABS Materials and Sequence Information, irrespective of whether such use has already resulted in, or can realistically lead to, a marketable product. Yet, it remains disputed according to which logic such contributions should be calculated. While several industrialised countries favour a narrow cost-recovery

model, which would largely limit monetary contributions to covering the running costs<sup>5</sup> of the PABS system, many developing countries are pressing for a broader approach. In their view, contributions should not only finance the administration of the mechanism, WHO coordination, the integration of laboratories and sequence databases, and traceability and transparency tools. They should also consider that access to pathogen materials and sequence information may generate economic returns, and that precisely those States providing such materials and data require additional resources of their own for laboratory, research, surveillance and production capacities.

This financing question raises a more complex issue of valuation. Monetary obligations under the PABS Annex cannot be treated as a simple access fee, because the economic value of PABS Materials and Sequence Information is not known at the moment of access. A sample or sequence information only becomes valuable for further use when it is scientifically usable, linked to reliable metadata and supported by functioning surveillance systems. It must also meet research capacities capable of translating that material or information into further development. Whether this eventually leads to a marketable product depends on several additional factors, including the willingness to invest, existing or newly developed production infrastructure, regulatory experience and support, and the way the health situation itself continues to evolve.

The objection raised by some industrialised countries is therefore not directed at the principle of monetary contributions as such. Rather, it concerns the point at which an economic benefit can be determined with sufficient certainty to give rise to legally robust obligations. From their perspective, it is difficult to establish in advance whether a particular use of PABS Materials or Sequence Information will in fact lead to a product, generate revenue or create a relevant market. Especially in the case of unknown pathogens, early-stage research or uncertain demand, the distance between access and commercial benefit may be considerable.

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<sup>4</sup> Please find an overview of our publications here: <https://www.kas.de/en/web/multilateral-dialog-genf/geneva-telegram>

<sup>5</sup> Which costs would be considered part of the operational running of the PABS System remains a matter of ongoing negotiations. Under the current understanding, this would likely refer primarily to the institutional and technical core infrastructure of the

mechanism, including coordination by the WHO Secretariat, the administration of PABS contracts, the integration of the WHO-coordinated laboratory network and recognized sequence databases, transparency and traceability tools, as well as reporting, technical assistance, and procedures for reviewing potential cases of non-compliance.

This is further complicated by the diversity of actors that may use the future PABS system. Large manufacturers, smaller biotech companies, research institutions, database operators and other users do not have the same financial capacity, regulatory experience, risk tolerance, production infrastructure or proximity to eventual commercialisation. The broader and earlier the obligations attached to access to PABS Materials become, the greater the risk that some actors may avoid formal access channels and instead turn to indirect or less clearly regulated flows of information. For the Annex, this creates a sensitive incentive problem. It must prevent obligations from being circumvented through downstream sharing, while at the same time making early and transparent use of the system sufficiently attractive.

A narrow cost-recovery model would therefore understand benefit-sharing primarily in terms of financing the system itself. It could secure the running costs of the benefit-sharing mechanism but would leave largely unresolved how to strengthen the capacities required for its practical implementation in lower-resource settings. Many developing countries and emerging economies reject a purely cost-recovery approach, arguing that the PABS system already creates additional demands at the level of pathogen identification. These include requirements relating to surveillance, data quality, traceability, laboratory infrastructure and institutional implementation, capacities that are currently available only to a limited extent in many settings.

The Africa Group and the Group for Equity thus continue to call for legal clarity, at the point of access to PABS Materials, on how benefit-sharing obligations will be operationalised and enforced. They see such clarity as a basis for trust in the system. In their view, the Annex should not be shaped solely around what existing sequence databases can currently deliver under their present technical, legal and institutional conditions. Instead, the PABS system must set its own requirements for transparency, provenance, user responsibility and the enforcement of benefit-sharing obligations. Financial contributions should not merely cover the costs of administering and technically integrating these structures. They should form part of a longer-term institutional framework that links access to pathogen materials and sequence information with traceable and equitable benefit-sharing on a durable basis. Both groups understand the Annex as a mechanism that should

help address structural imbalances in the global health architecture.

The European Union and its 27 Member States expressed regret that the Annex could not be concluded ahead of the forthcoming World Health Assembly. The EU had hoped to adopt the Annex in May, thereby opening the way for the signature and ratification of the WHO Pandemic Agreement. At the same time, it reaffirmed its readiness to finalise a PABS system that can have practical effect and substantially strengthen global pandemic prevention, preparedness and response.

At the close of the session, the Africa Group and the Group for Equity made clear that, in their view, a viable Annex will only be possible if the principle of placing access and benefit-sharing on an equal footing is preserved. Approaches that weaken this link, or fragment the system from the outset, would not provide a robust basis in their view. Within this position, South Africa and Namibia argued particularly strongly for these demands to be reflected in a more robust design. Negotiation sources also noted, however, that positions within the Africa Group are not entirely uniform, and that possible areas of compromise are not assessed in the same way by all States.

Nepal, speaking on behalf of the Member States of the WHO South-East Asia Region, took a similar line, while placing somewhat greater emphasis on process. The extension of negotiations was supported as a realistic and time-bound step. At the same time, the South-East Asian States linked their support to the expectation that informal areas of convergence should now be translated more deliberately into text capable of being negotiated.

Alongside the more clearly defined negotiating blocs, a diverse group of States emerged, represented by the Dominican Republic and including, among others, Australia, the Bahamas, Barbados, Malaysia, Mexico, Norway, Singapore and Türkiye. This group offered to serve as a bridge and to work towards a PABS system that is sufficiently clear, credible and operationally effective.

### Negotiating the process

Colombia linked the extension of the negotiations to the question of whether the working method itself should also be adjusted. Under a model of “progressive consensus”, issues on which a sufficient majority is emerging could, where appropriate, be put to a

vote, rather than keeping the entire process tied indefinitely to the search for comprehensive consensus. Colombia's proposal reflects growing frustration within the Group for Equity and the Africa Group. For many of their members, the current deadlock raises the concern that a small number of States could continue to dilute more binding equity provisions over time.

Such a change in method would, however, carry significant political implications. In sensitive normative processes, WHO has traditionally worked on the basis of consensus. A stronger orientation towards majority positions might help overcome negotiating blockages, but it could also increase the risk that some States would give only limited political support to a future Annex. The procedural question is therefore not merely organisational. It also bears on the legitimacy of the Pandemic Agreement and on its prospects for ratification.

Informal negotiating formats, however, were viewed as useful by several delegations. Bilateral discussions between the Africa Group and the European Union appear to have allowed for a more open examination of possible compromise lines than was possible in the plenary setting. Informal meetings held at greater distance from formal negotiating weeks could also reduce the burden on delegations and create more space for internal coordination.

### Beyond the negotiating room

Developments outside the negotiating room additionally shape the prospects for an agreement. The bilateral health agreements pursued by the United States under the *America First Global Health Strategy* link health financing to higher domestic contributions by partner countries and to requirements concerning data access. Within these agreements, pathogen materials acquire direct contractual and strategic value. To date, 31 such memoranda of understanding for the period 2026 to 2030 have been identified, with a total volume of at least USD 20.3 billion<sup>6</sup>. The fact that Ghana and Zimbabwe rejected such arrangements over concerns relating to data sovereignty, sensitive health information and unilateral access rights, while courts in Kenya are examining their implications, illustrates that the dispute over access to and control over pathogen materials

is no longer confined to the WHO negotiating room. At the same time, these cases show that bilateral agreements may be concluded more quickly than a multilateral PABS system, but questions of fair benefit-sharing remain unresolved. For most States, such fairness remains a prerequisite for durable cooperation.

Against the background of sharp reductions in U.S. development financing, bilateral alternatives in the health sector offer many States, particularly in the Americas, a way to expand their room for manoeuvre. This also concerns the very structures on which a functioning pathogen-sharing system depends: surveillance, laboratory diagnostics, sequencing capacities, regulatory review capacities and regional production. As external funding declines, pressure for greater national responsibility increases, but often without the necessary capacities already being sufficiently in place.

Another factor is likely to gain considerable political weight over the coming twelve months: the election of a new WHO Director-General. The second term of Dr Tedros Adhanom Ghebreyesus ends on 15 August 2027. The nomination phase began in April 2026, and the election will take place at the Eightieth World Health Assembly in May 2027, the same session to which the PABS Annex is now expected to be resubmitted. For Dr Tedros, who has repeatedly defended the Pandemic Agreement as a lesson from COVID-19 and as an expression of renewed multilateral capacity to act, PABS remains the decisive unfinished element of this undertaking. A failure to reach agreement, or a further postponement, would therefore not only place strain on the timetable of the Agreement. It would also touch on the record of a tenure in which pandemic prevention and equitable access to health products have become central areas of responsibility for WHO. The pressure to reach a credible outcome before the leadership transition is therefore likely to increase.

How closely the negotiations are tied to concrete events became evident only days after the session. On 8 May 2026, WHO reported a hantavirus cluster on board the *MV Hondius*, a cruise ship that had departed from Argentina for Antarctica<sup>7</sup>. According to WHO, 147 passengers and crew members were on board; eight cases were reported, including three

<sup>6</sup> [Tracking the "America First" Bilateral Health Agreements | Think Global Health](#)

<sup>7</sup> [Hantavirus cluster linked to cruise ship travel, Multi-country](#)

deaths and six laboratory-confirmed infections with Andes virus, the hantavirus for which limited human-to-human transmission has been documented. International contact tracing took place through the channels of the International Health Regulations. The ECDC<sup>8</sup> later noted that passengers and crew members from a total of 23 countries were affected<sup>9</sup>.

Cases such as this illustrate the reality in which PABS is being negotiated. Outbreaks do not follow the jurisdictions of individual States. They move along travel routes, laboratory pathways, supply chains and flows of information. A multilateral mechanism

for access and benefit-sharing is therefore not an institutional end in itself, but an attempt to bring health risks that escape national control within a more predictable framework. The fact that this effort is being negotiated under difficult political conditions does not diminish its significance. It makes visible why such a framework is needed. Ultimately, the objective is not to create a perfect system, but to establish a basis on which reliability and trust can grow in future outbreak situations.

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<sup>8</sup> European Centre for Disease Prevention and Control

<sup>9</sup> [Andes hantavirus outbreak in cruise ship, 12 May 2026](#)