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PABS Annex to the WHO Pandemic Agreement: The Sixth Meeting of the Intergovernmental Working Group in March 2026 – Act One

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Article 19 of the Constitution of the World Health Organization (WHO) enables the World Health Assembly, by a two-thirds majority, to adopt international conventions or agreements on any matter within WHO's competence. It was on this basis that the WHO Pandemic Agreement[1] was adopted in May 2025. Its ratification process, however, cannot begin until the PABS[2] Annex provided for in Article 12 has been adopted. To that end, the World Health Assembly established an Intergovernmental Working Group (IGWG), tasked with drafting the Annex and submitting it to the Seventy-ninth World Health Assembly for consideration in May 2026.

From 23 to 28 March 2026, the IGWG convened in Geneva for its sixth formal meeting. Yet no agreement was reached. Instead, WHO Member States decided to resume the sixth meeting from 27 April to 1 May 2026 and to hold informal consultations in the interim. The next phase of deliberations will focus in particular on concrete rules for benefit-sharing, contractual mechanisms, and the institutional governance of the PABS System.

Delegations at an Impasse

As negotiations entered their final phase, positions grew even more fixed. The African Group, represented by Burkina Faso, together with a large number of like-minded states, is pressing for a system that imposes clear and binding obligations on all users. Anyone receiving pathogen materials or related sequence information, in their view, should be clearly identifiable, formally registered, and subject to specific conditions of use. For these delegations, traceability and accountability are essential preconditions for a credible and resilient PABS system. Access to PABS sequence information should therefore be tied to persistent identifiers[3] and registration requirements, so that it remains possible to track where data originate, who is using them, for what purpose, and whether biosafety and benefit-sharing obligations are being respected.

These delegations are also calling for benefit-sharing arrangements that go beyond the product-related minimum commitments already set out in the Pandemic Agreement. Article 12 provides that, in the event of a pandemic emergency, participating manufacturers are to grant WHO rapid access to 20 per cent of their real-time production of safe and effective vaccines, therapeutics and diagnostics. At least

[1] The Pandemic Agreement can be accessed at the following link: https://apps.who.int/gb/ebwha/pdf_files/WHA78/A78_R1-en.pdf

[2] 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.

[3] Persistent identifiers are permanently assigned, unique identifiers that make it possible to reliably identify and track datasets or other digital objects, even if their storage location or technical environment changes. The ISBN of a book is an example of this.

10 per cent of that amount is to be provided as a donation, while the remainder is to be made available at affordable prices. Article 12 also refers to other possible forms of benefit-sharing, including capacity-building, technical support, research collaboration, non-exclusive licences for manufacturers in developing countries, and technology transfer. In the view of many developing countries and emerging economies, these elements must be articulated in the Annex with sufficient precision. Nepal, for instance, criticized the fact that the provisions envisaged in Articles 12.7 and 12.8 had not yet been translated into operational rules in the Annex. Speaking on behalf of the Group for Equity, Indonesia stressed that access and benefit-sharing are politically sustainable only if pursued together. Bangladesh warned against anonymous users and uncontrolled onward transfer. India argued for legally robust benefit-sharing, user identification and traceability, without impeding legitimate scientific cooperation. Jamaica similarly called for a PABS System in which access is granted only after mandatory user registration and on the basis of standardized contractual terms. China urged that core obligations not be deferred to future bodies, warning that an Annex lacking operational substance would be difficult to ratify nationally. In general, some developing countries and emerging economies are advocating more active forms of capacity-building, including annual financial contributions or technology transfer extending into interpandemic periods. Their longer-term aim is to build up own domestic research, laboratory and manufacturing capacity and to reduce dependence on those states and institutions in which such capacities remain overwhelmingly concentrated.

By contrast, the European Union, Japan and other industrialized countries favour a narrower reading of the Annex. In their view, the PABS System must above all facilitate rapid exchange, scientific cooperation and swift product development. The EU emphasizes the urgency of concluding the negotiations, given that without the Annex neither the signing nor the ratification of the Pandemic Agreement can move forward. In its assessment, the remaining negotiating days are scarcely sufficient to achieve a fully comprehensive consensus. The EU is therefore advocating an open, cooperative and workable mechanism whose primary purpose is to enable the rapid sharing of pathogen materials and sequence information, thereby safeguarding global response capacity in times of crisis.

Japan and other industrialized countries argue that the Annex is meant to implement Article 12, not to expand substantially upon the political framework already agreed there. The concern behind this is that mandatory technology transfer, non-exclusive licensing, extensive financial contributions or far-reaching contractual mechanisms could slow access, weaken incentives for innovation and undermine the willingness of private manufacturers to participate.

The pharmaceutical industry, represented by the International Federation of Pharmaceutical Manufacturers and Associations (IFPMA), likewise advocates a predictable system with a clearly defined scope. From its perspective, PABS must not saddle research, development and innovation with obligations that are difficult to calculate or contain. The industry sees itself as a central partner in pandemic prevention, preparedness and response, but warns against encroachments on intellectual property rights, against mandatory levies, and against an access system that would effectively treat genetic sequence information as though it were a sovereign resource and derive financial claims from that premise. To date, genetic sequence information is often shared through open or relatively freely accessible databases and used globally. Were such data to be treated in a similar manner to physically collected biological resources, access, use, onward transfer or commercial application could trigger additional legal review and benefit-sharing obligations. Companies would then have to determine from which country a sequence originates, what conditions attach to it, whether onward transfer is permitted, and what benefit-sharing obligations might arise during research or product development. Such a model could slow the open exchange of data, generate legal uncertainty, burden research and product development with additional compliance and contractual requirements, and trigger new obligations before a marketable product even exists.

The Coalition for Epidemic Preparedness Innovations (CEPI), by contrast, is focusing on pragmatic operational solutions designed to improve equity of access without slowing research and development. These include parallel regulatory procedures, the use of already approved products, and technology-transfer arrangements in cases where companies are unable to supply sufficient doses at affordable prices. Outside the negotiating room, political pressure has also increased noticeably. A broad network

of civil-society actors is now accompanying the PABS process through public actions, media work and coordinated statements. It is not only states that differ in their expectations; stakeholders beyond governments, too, hold divergent views on what a functioning PABS System must deliver.

The Trust Deficit

The fact that no agreement has yet been reached points to a deficit of trust among the negotiating parties. At the very outset of the session, several African states insisted that the text developed during the fifth meeting once again serve as the basis for negotiations, rather than continuing on the basis of the new draft prepared by the WHO Bureau[4]. Their argument was that positions had not materially changed since the previous session and that the new draft had not been prepared through a sufficiently inclusive process. It was also criticized for appearing to respond more readily to the concerns of industrialized countries than to those of other regions.

Neither are the demands for user registration, the exclusion of anonymous access, or binding contractual structures purely technical details. They reflect the fact that many developing countries place limited trust in open-access models unless these are tied to verifiable responsibility. Their distrust is directed at an architecture in which pathogen materials and sequence information are shared rapidly, while subsequent use and onward transfer remain difficult to reconstruct across global research and production chains. There is additional concern that a formally open system would favour those actors that already command the strongest research, data and manufacturing capacities. This concern extends also to the models of sequence databases and a WHO-coordinated laboratory network (WCLN) that the Bureau had introduced in its draft text. Many developing countries fear that recognizing existing databases, often owned privately, would in practice legitimize an open-access system without adequate accountability and thereby reinforce precisely those actors who already dominate those infrastructures. The experiences during the COVID-19 pandemic repeatedly serve as the political point of reference.

Several delegations therefore drew red lines during the sixth meeting and signalled their willingness to walk away from the process. For some, no Annex would be preferable to a weak Annex that institutionalizes existing inequalities. Pakistan warned that reaching an agreement should not become an end in itself for the sake of showcasing a multilateral success.

Beyond the Fault Lines

Despite the persistence of established positions, there were signs of cautious convergence. In informal consultations, some delegations, both within the EU and across the various negotiating groups, appeared more willing to compromise than the dynamics in plenary had suggested. In the resumed session, these states may increasingly assume a bridging role and open negotiating space that had remained less visible in earlier meetings.

A phased approach is currently under discussion. On this model, a consensus package could be submitted to the World Health Assembly in May, while technical details would be clarified in subsequent IGWG meetings or through later operational decisions. The advantage of such an approach is that it would avoid blocking the Pandemic Agreement as a whole while still creating room for further technical clarification. This applies also to questions concerning the scope of the PABS system. So far, negotiations have focused primarily on human pathogens and related sequence information. Yet since a significant proportion of emerging infectious diseases are zoonotic in origin, it remains to be clarified whether, and to what extent, animal source materials, as well as a broader range of microbiological agents such as bacteria, fungi and parasites, are also to be covered[5].

At the same time, increasing attention is given to an informally circulated hybrid approach that envisages two avenues of access: Under an open route, certain materials or sequence information could continue to be shared through freely accessible databases. Under a controlled route, access would be available only to registered users who had signed contracts in advance or accepted binding terms and conditions of access and use. The aim is to preserve

[4] The following link will take you to the Bureau's draft text of 9 March: https://healthpolicy-watch.news/wp-content/uploads/2026/03/Draft-PABS-Annex-text-Bureau-version-of-9-March-20262.pdf

[5] This information was retrieved from the following source: https://weekly.chinacdc.cn/fileCCDCW/journal/article/ccdcw/2026/3/PDF/CCDCW250250.pdf

scientific speed while at the same time creating a pathway for traceability, accountability and benefit-sharing. The question remains how clearly the two routes are distinguished from one another. If the same, or equivalent, data remain available via the open route, users could simply bypass the controlled route and thereby avoid registration, contractual commitments and benefit-sharing obligations.

The Difficult Search for Robust Reciprocity

The PABS Annex is the most politically sensitive part of the Pandemic Agreement, because it must translate the Agreement's central promise into effective rules. In a future pandemic emergency, relevant pathogen materials and sequence information must be made available safely, early and without unnecessary delay. At the same time, those states that provide biological resources must be able to participate reliably in the benefits arising from the medical countermeasures developed from them. PABS thus seeks to reconcile two requirements that, in pandemic politics, have repeatedly diverged: speed and equity.

Pandemics unfold under conditions of acute time pressure, scarcity and asymmetric bargaining power. Bilateral arrangements may offer individual states short-term financing or preferential cooperation. Yet they do not solve the problem that no state acting alone can ensure the global identification, assessment, development, production and equitable distribution of medical countermeasures. A PABS system offers a multilateral response to that problem, yet it can function only if all key actors participate. States must share pathogens and sequence information at an early stage; laboratories and databases must receive that information reliably and keep it usable and interoperable. Manufacturers must develop products from it and make them available in times of crisis. Even after the Agreement enters into force, the effectiveness of the system will depend on whether the responsible institutions can organize financing, distribution and in a reliable manner.

The resumed IGWG session at the end of April will therefore be decisive. If a compromise can be reached, the Annex could be submitted to the World Health Assembly in May for adoption, after which the Pandemic Agreement could be opened for signature and ratification. The Agreement shall enter into force thirty days after the deposit of the sixtieth instrument of ratification, acceptance, approval or accession.

WHO Director-General Dr Tedros Adhanom Ghebreyesus has therefore called for political flexibility and solution-oriented pragmatism[6]. The central question, he argued, is whether the text genuinely addresses the core failings exposed by the COVID-19 pandemic. More time, by itself, will not automatically resolve the fundamental contradictions at stake, it may instead make negotiations more difficult in an increasingly challenging multilateral environment. Those who seek access must also think in terms of benefit-sharing. And those who demand benefit-sharing must help make possible a system that functions rapidly in a crisis. Both must succeed if the Agreement is to become the cornerstone of future pandemic action. All hopes now rest on the second act of the sixth meeting of the Intergovernmental Working Group.

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[6] The opening remarks of Dr Tedros can be accessed here.