January 2026

Geneva Telegram

Multilateral Dialogue Geneva

KONRAD ADENAUER STIFTUNG

3rd and 4th meeting of the Intergovernmental Working Group on the PABS Annex of the Pandemic Agreement

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In November and December 2025, the Intergovernmental Working Group of WHO Member States reconvened to negotiate the PABS[1] Annex of the Pandemic Agreement. In view of growing geopolitical tensions that repeatedly put multilateral processes to the test, this renewed affirmation of shared responsibility is a welcome signal. At the same time, these sessions once again revealed considerable divergences on central issues.

As the operational core of the Agreement, the PABS Annex is designed to link the rapid and safe exchange of pathogen samples and sequence information with reliable access to pandemic-related products and equitable benefit-sharing, thereby enabling predictable research, production and allocation. For Germany and the EU, more than health policy is at stake: a practicable PABS stabilises data exchange, protects open science, creates investment incentives in laboratories and surveillance and reduces crisis costs. The task now is to design a ratifiable Annex that provides normative and legal certainty and is effectively deployable in an emergency.

Since its adoption on 20 May 2025, the Pandemic Agreement of the World Health Organization (WHO) has established a binding international framework for the prevention, preparedness and response to future pandemics[2]. At its core, the Agreement links strategic health objectives to concrete implementation obligations, ranging from early warning, through research and development, to the distribution of effective countermeasures. In effect, it shifts the focus away from short-term, reactive crisis management towards dependable international cooperation with clearly agreed responsibilities.

Article 12 of the Pandemic Agreement sets out a multilateral WHO Pathogen Access and Benefit-Sharing (PABS) System. This system provides for the rapid, safe sharing of biological material and genetic sequence data (GSD) of pathogens with pandemic potential, and, on an equal footing, for the fair, equitable, and timely sharing of the resulting benefits. It also defines key terms and the scope of application, sets out modalities for sharing obligations, for example within a laboratory network, as well as contractual benefit-sharing arrangements, transparency requirements and administrative coordination by WHO and Member States. A central condition for its functionality is that all elements of the system enter into force jointly and simultaneously. For implementation, allocation and access clauses are essential, under which manufacturers must make a defined share of their real-time production available in a pandemic situation. The modalities of these obligations are to be set out through standardised contracts.

[1] PABS stands for Pathogen Access and Benefit-Sharing. Access and Benefit-Sharing (ABS) refers 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.

[2] Please view the Pandemic Agreement through the following link: https://apps.who.int/gb/ebwha/pdf_files/WHA78/A78_R1-en.pdf

Only the adoption of the PABS Annex will allow the Pandemic Agreement to be transmitted to Member States for ratification. For the Agreement to be viable, definitions must be clarified, a coherent contractual architecture developed, and emergency clauses drafted in a manner that withstands judicial review at the national level while remaining applicable in real-world crises. To elaborate these operational provisions, the World Health Assembly (WHA) established an Intergovernmental Working Group (IGWG). The IGWG has been given a broad mandate to determine its own working methods, engage relevant stakeholders and prepare draft decisions for consideration by the future Conference of the Parties (COP). The Bureau of the IGWG is co-chaired by Brazil and the United Kingdom, with vice-chairs from Australia, Eswatini, Qatar, and Thailand.

Conflicting interests: Global South vs Industrialised Nations

A key line of division in the negotiations separates many countries of the Global South from most industrialised nations. Numerous developing and emerging economies condition the reliability of benefit-sharing – particularly access to pandemic-related products and capacity-building – on binding commitments from industry. In their perspective, manufacturers should only be granted access to pathogen material and PABS databases once they have committed in advance, through contracts or terms and conditions, to clearly defined contributions under the benefit-sharing mechanism. Most industrialised countries, including the European Union, favour rapid and unimpeded access to samples and GSD, with benefit-sharing arrangements organised through voluntarily concluded, yet legally binding, standardised contracts between WHO and participating manufacturers. Such an approach avoids overlapping regulatory structures, ensures clear responsibilities and supports innovation while preserving legal certainty for manufacturers without reducing participation incentives.

This approach is also supported by Norway, Australia, Canada, Japan, Switzerland and the United Kingdom. They advocate for a precise but flexible Annex, seek to protect open scientific practices through widely accessible data repositories, and caution against unrealistic expectations regarding PABS. In line with the EU, they call for clearly defined, workable terminology, a realistic timeline for the simultaneous operationalisation of all PABS components and early technical stress tests before complex traceability requirements become binding.

3rd IGWG Meeting (3-7 November 2025)

The third meeting of the IGWG[3], held from 3 to 7 November 2025 in Geneva, introduced the first text-based draft of the PABS Annex for substantive discussion. At the outset, however, the previously envisaged observer role for relevant stakeholders was temporarily suspended following objections from several delegations; the Bureau scheduled further consultations. “Relevant stakeholders” include industry, academia, laboratories, database operators, civil society, multilateral partners and regulatory authorities, who may contribute technical expertise but do not hold decision-making authority. In consequence, the subsequent line-by-line review took place exclusively in formal Member State negotiations. Instead of the open and solution-oriented exchanges many had hoped for, inflexible restatements of positions predominated. Several delegations argued that a shared conceptual understanding of core issues must first be developed before engaging in detailed text negotiation.

4th IGWG Meeting (1-5 December 2025)

The fourth IGWG session, convened from 1 to 5 December 2025, followed on from these lines of contention. The Group for Equity, several North African states (including Sudan, Egypt, Libya and Somalia), and the Africa Group submitted concrete draft standardised contracts[4] intended to govern data access and the transfer of pathogen

[3] The first two IGWG sessions were held on 9–10 July 2025 and 15–19 September 2025 and focused primarily on procedural issues, mandate and workplan, as well as conceptual clarifications regarding scope, definitions, governance options, laboratory/database models and stakeholder engagement, without line-by-line negotiations on the text.

[4] The concrete draft contracts can be accessed via the following links: agreement on data access, and on the

material and GSD between laboratories and participating manufacturers. From the perspective of these countries, standard contracts anchor key obligations that benefit provider countries and effectively predetermine essential system features. Other delegations, though, regard the full negotiation of such contracts by May 2026 as unrealistic, given the Annex itself remains unresolved. In parallel, the debate around whether PABS should operate as an open system or an exclusive, closed system further intensified. A minority of developing countries continue to advocate for an exclusive system, whereas G6 countries reject such a model as operationally unfeasible, noting that pathogen information could also be obtained outside the formal WHO system. Recent U.S. initiatives demonstrate the latter argument in practice, yet they also show that bilateral mechanisms cannot substitute for multilateral information exchange. The session was formally suspended on 5 December and will resume in January 2026, with intersessional consultations focusing primarily on technical matters.

From the standpoint of industrialised nations, the PABS instrument must be sufficiently attractive to facilitate participation by industry and enable national ratification. Companies perceive advantages in such an approach: anti-stacking provisions enhance legal certainty, prices and delivery timelines become more predictable, and confidentiality and legitimate intellectual property positions are preserved. Given that products for infectious diseases represent a high-risk and uncertain market segment for many firms, the current draft provides only limited additional incentives. The main benefit lies in a streamlined, WHO-coordinated mechanism that sets uniform rules and prevents conflicting national ABS requirements. A lean, contract-based architecture reduces compliance risks and allows more efficient operational collaboration with WHO.

The Group for Equity (a coalition of numerous developing and emerging economies led by Indonesia) proposes a WHO-coordinated network of databases in which data would carry unique identifiers and country-of-origin information to enable traceability. In doing so, the Group draws on the sovereignty logic of the Convention on Biological Diversity (CBD) and its Nagoya Protocol, under which states exercise sovereign rights over genetic resources within their jurisdiction and may condition access on benefit-sharing arrangements. Brazil goes further and, in addition to insisting on strict equality between access and benefit-sharing, calls for continuous obligations, extending into interpandemic periods, including specified monetary contributions, technology transfer, non-exclusive licences, and the development of local and regional manufacturing capacities.

The WHO Region of the Americas (AMRO) views itself as a major provider of data with established regional platforms but regards the tangible benefits from the system as insufficient. It therefore calls for strengthening the provisions on technology transfer and for robust follow-up and monitoring mechanisms to ensure sustainability, transparency and dependable benefit-sharing. This should take place while safeguarding state sovereignty and reaffirming commitment to global health security. With reference to paragraphs 2 and 3 of Article 12, AMRO advocates a more precise definition of the scope in order to strike a workable balance between incentives for manufacturers and participants, on the one hand, and timely, equitable access for user countries, on the other.

The African Region (AFRO) demands that all pandemic-relevant pathogen material and GSD flow exclusively through PABS. Namibia argues that binding technology transfer and capacity-building must enable developing countries, including African manufacturing hubs, to establish autonomous production and supply capacities for countermeasures. Namibia also argues for the introduction of mandatory and permanent financial contributions for preparedness and response, in order to secure predictable PPR[5] financing. From Namibia's perspective, there is currently no room for flexibility on these fundamental principles. South Africa demands that the defined obligations for all

transfer of PABS materials and sequence information for laboratories and participating manufacturers.

[5] Pandemic Prevention, Preparedness and Response

users should apply not only in the event of a pandemic but also during peacetime.

There is broader convergence among Member States regarding the architecture of the system. WHO is to administer the PABS system, with oversight by a Conference of the Parties (COP). A WHO-coordinated laboratory and data ecosystem and an independent scientific and technical advisory mechanism enjoy wide support to ensure the continuous development of the system. There is also broad agreement that PABS must be legally coherent, particularly with the Nagoya Protocol, the Pandemic Influenza Preparedness (PIP) Framework and the amended International Health Regulations (IHR).

Negotiations are ongoing, but political convergence has yet to emerge. Time is limited: only a few formal negotiation days remain before the next WHA in May 2026, when the PABS Annex is to be presented. Failure to reach agreement risks delays in signature, ratification and early implementation.

It is within the interest of Germany and the EU to prevent further erosion of international confidence in multilateral exchange mechanisms. Any loss of trust increases the risk that states may share fewer data and pathogen material, create exclusive access pathways, and thereby undermine global pandemic preparedness – especially at a time when surveillance capacities are declining in many regions. In light of this, clear definitions, standardised WHO contracts with participating manufacturers, anti-stacking vis-à-vis national ABS regimes and a functional WHO governance structure are critical elements for an effective system. The path ahead is demanding but feasible if political pragmatism and technical operability can be reconciled.

The impact and success of the Pandemic Agreement will only materialise if the PABS Annex is operational and realistically implementable. Only if the current gap between positions can be narrowed in the upcoming negotiation rounds will international pandemic preparedness be organised in a forward-looking, effective and reliable manner.

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