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KONRAD ADENAUER STIFTUNG

The Pandemic Agreement: Opening a Window to Global Cooperation

Dr Anja Maria Rittner

Germany suffered under COVID-19. Its citizens expect their government to take measures to prevent a recurrence of the scenarios experienced between 2020 and 2022. Against this backdrop, the European Union has succeeded in contributing to a major step forward in global health policy. In a world marked by geopolitical tensions, multipolar shifts, and the withdrawal of some from international responsibility, the conclusion of the negotiations on the WHO Pandemic Agreement is a true beacon of hope. Following the symbolic 13th session of the Intergovernmental Negotiating Body (INB), a consensus text is now available for formal adoption at the 78th World Health Assembly at the end of May. The agreement represents potential that is ready to be realized.

The COVID-19 pandemic has starkly exposed the vulnerabilities of even the most advanced health and economic systems. Supply chains collapsed, medical goods became scarce, and global inequities were laid bare. The new pandemic agreement aims to be a healing response to this shock. The idea was first proposed in 2020 by Chile, one of the first countries to openly address the structural flaws in the global health architecture, by advocating for a binding framework under the WHO. The agreement centers on resilience, trust, and coordinated strength—rooted in the lessons of the crisis and a bold commitment to international cooperation. Notably, this has been achieved without creating additional financial structures or granting intrusive rights. As an early supporter, Germany managed to secure much of what it wanted in the negotiations—without having to accept any red lines. The result is a clear success, now awaiting formal adoption and implementation.

The Outcome: An Agreement as a Test Case and an Opportunity

After more than three years of intense negotiations, marked by progress and setbacks, and a particularly strenuous final push in spring 2025, the co-chairs of the INB, Precious Matsoso (South Africa) and Anne-Claire Amprou (France), gave the long-awaited, decisive signal at 3:00 a.m. on April 16, 2025: the entire text was now "green" and had achieved consensus among all negotiating teams. "Now the real work begins," Matsoso remarked, while Amprou movingly described the outcome as "a massive step for global health, justice, and international solidarity." The finalized text will now be presented, along with a yet-to-be-drafted accompanying resolution, at the 78th World Health Assembly, set to begin on May 19, 2025.

The fact that WHO member states were able to agree on this text—including countries currently at war with one another—represents a remarkable diplomatic achievement. Only a handful of nations, most notably the United States and Argentina, had deliberately withdrawn from the negotiations—and, in the case of the U.S., from the WHO altogether. Observers have called this a "strategic setback" for Washington, further diminishing its influence in global health policy.[1] However, the U.S. exit also presents a real institutional stress test for the WHO, which, given the resources and capacities currently allocated for its mid-term future, is under immense pressure and due for reorganization later this year.[2] In this structural crisis,

[1] Cf. "WHO pandemic agreement within striking distance" in POLITICO

[2] Healthpolicy Watch reports on this.

showing presence and offering support is an additional opportunity for Germany and the EU to step up—especially when others are stepping back.

Key Idea: A Global Framework for Resilience

The agreement[3] contains numerous substantive commitments addressing pandemic prevention, preparedness, and response—well beyond mere declarations of intent. Article 12 stands out. It stipulates that in future pandemics, up to 20% of the global output of vaccines, therapeutics, and diagnostics shall be made available to the WHO as a common reserve—half of which as donations. This provision is a concrete step toward correcting the supply inequalities that caused severe imbalances between wealthy and resource-limited countries during COVID-19. The goal is to ensure that market forces alone no longer determine life and death chances, but are complemented by a proactive, solidarity-based distribution system.

Under Article 4, parties commit to gradually enhancing measures for pandemic prevention and cross-sectoral surveillance. However, some experts criticize the agreement for placing too much emphasis on reaction and preparedness, with primary prevention receiving insufficient attention.[4]

A groundbreaking step is the legal anchoring of the One Health approach in Article 5. This interdisciplinary framework recognizes the interconnectedness of human, animal, and environmental health—especially regarding zoonotic diseases. The scientific journal *Nature* described this as a "long-overdue scientific move with far-reaching consequences for global health governance."[5]

Thanks in part to Germany's advocacy, Article 7 promotes international standards for the protection and support of health and care workers and the development of globally deployable emergency teams. Article 9 addresses research and development, committing to tie public investments to conditions that ensure rapid accessibility of innovations. Organizations like Médecins Sans Frontières and the Drugs for Neglected Diseases Initiative had strongly pushed for this. The aim is to make publicly funded breakthroughs globally available—through open licensing, transparent terms, or open data participation.

Supply chain security is addressed in Article 13, which establishes a global supply and logistics network to prevent future shortages. This is supplemented by stockpiling mechanisms for essential goods. Article 14 introduces new transparency requirements for public procurement to ensure fair, traceable, and efficient spending.

A particularly sensitive issue was the approach to technology transfers (Article 11). Germany and like-minded partners ensured that such transfers remain voluntary and respect intellectual property rights. Brazil's key compromise—stipulating transfer only "by mutual agreement" and "voluntary under agreed terms"—was enshrined in the final wording.[6] The agreement excludes compulsory technology sharing but fosters fair, innovation-friendly voluntary partnerships (e.g., via the Medicines Patent Pool).

The agreement also affirms a future Pathogen Access and Benefit-Sharing (PABS) system in Article 12. Though the details remain to be negotiated, the guiding principles will be part of the accompanying resolution at the May Assembly. Importantly, the distribution target of 20% of real-time production (half as donation, half as affordable commercial offer) is already established to balance access with innovation incentives.

Article 20 maintains the 2024 agreement to coordinate existing pandemic funding rather than create new financial structures. Chapter III on enforcement and monitoring is weaker: while a Conference of the Parties (CoP) is envisioned, clear independent accountability mechanisms are missing. Without them, the success of the agreement depends on the goodwill of member states—a potential Achilles' heel.

Reception: Broad Endorsement—But with Caveats

Tanzania, speaking for 47 members of the African region, called the agreement "a significant but challenging step," earning praise from WHO Director-General Dr Tedros for final-stage compromises. Ger-

[3] The greened text can be found here.
[4] Cf. The Lancet-PPATS Commission on Prevention of Viral Spillover et al., Draft of WHO Pandemic Agreement plays down primary prevention
[5] Cf. Nature, Landmark pandemic treaty is finalized — here's what scientists think
[6] Health Policy Watch reports on this: WHO's Pandemic Agreement is Finally Within Reach as Brazil Proposes Compromise

many called it "a new collective instrument for pandemic response across the full spectrum of intervention." It emphasized that implementation will be the true test—and that mechanisms like voluntary technology transfer must be fully operational.

Helen Clark, co-chair of the Independent Panel for Pandemic Preparedness and Response, called it "a beacon of multilateral cooperation." Co-chair Ellen Johnson Sirleaf urged swift follow-up action at all levels.[7] Le Monde praised the "surprisingly skillful diplomacy" of many states[8], while UN News linked the treaty to Agenda 2030 and SDG 3—health as a global public good.[9] Katja Čič of the WHO Youth Council stressed: "Young people will bear the consequences of this pandemic and these decisions the longest."[10] She spoke for a generation that wants effective early warning and equitable medical access. The German Health Minister, Professor Dr Karl Lauterbach, echoed hours after the breakthrough: "With an agreement like this, the chances are simply higher that a local outbreak never becomes a pandemic."

This tone stood in refreshing contrast to past misinformation. The WHO and its negotiating partners reiterated: the agreement grants no power to mandate vaccines, impose travel bans, or enforce lockdowns. National sovereignty remains untouched and is firmly anchored in the treaty.

Conclusion: A multilateral achievement—and a Responsibility to Take It Seriously

The conclusion of the pandemic agreement marks a historic moment—for multilateralism, for international law, and especially for global health policy. It is a bright spot and a testament to unity in times of fragmentation. It demonstrates that the international community can still craft shared solutions in stormy times. Reaching this agreement was a political feat and a diplomatic triumph. But agreeing on what is possible is only the beginning. The agreement is no technocratic miracle tool—and that is its strength. It offers a flexible yet binding coordination framework adaptable across political systems.

As *Science* aptly put it: "a victory for coordination—not coercion, but an invitation to cooperation."[11] This type of international architecture demands a second, equally ambitious phase: skilled and committed implementation. Even the best agreement needs to be politically upheld, legally embedded, and operationally brought to life. The true test will come nationally—in dealing with the still-to-be-negotiated PABS mechanism, in building healthcare capacity, and in ensuring fairness and transparency.

This will require renewed pragmatism, solidarity, and determination to ensure that the lessons of COVID-19 do not fade. This moment—worthy of celebration—is only the starting point. It must spark a new global understanding of health: one rooted in prevention, equity, and sustainability. Signing this treaty is not just endorsing a document—it is making a promise. A promise for more resilient health systems, fairer distribution of medical goods, and a stronger rules-based international order. What becomes of this promise depends on how thirsty nations are to do better—and how hungry they are to fulfill their new obligations. The window for deeper and better cooperation is wide open. Germany should walk through it—with conviction, with capability, and with initiative. Especially now!

[7] Cf. Health policy watch: Countries Say YES to Pandemic Agreement
[8] Cf. Le Monde, Countries approve landmark pandemic treaty after years of talks
[9] Cf. UN News, Countries draft landmark treaty to tackle future pandemics
[10] Cf. Health policy watch: Countries Say YES to Pandemic Agreement
[11] Cf. Science: Global pandemic treaty finalized, without U.S., in 'a victory for multilateralism'

Konrad-Adenauer-Stiftung e. V
Dr Anja Maria Rittner
Research Associate Multilateral Dialogue Geneva
European and international Cooperation
anjamaria.rittner@kas.de