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BULLETIN

Pandemic Agreement: A Valuable Compromise Comes at a Difficult Time for WHO

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Although the Pandemic Agreement (PA) negotiated under the aegis of the World Health Organization (WHO) may improve countries' collective resilience to health threats and their access to medicines, vaccines, and diagnostic materials, its key provisions have yet to be clarified in a separate annex. Poland would benefit from stronger involvement in the agreement's negotiations. At the same time, the financial situation of WHO will require countries to spend more on its support in the future.

Main Outcomes of the Talks. The key solution in the PA adopted on 20 May is the so-called PABS mechanism (Pathogen Access and Benefit-Sharing). Under it, countries are required to rapidly and in a timely manner share samples and digital information on viruses and bacteria with pandemic potential free of charge. In return, the manufacturers that will benefit from making related vaccines, therapeutics, and diagnostics are to donate up to 20% of their current production to WHO during a pandemic—10% as donations and up to 10% at an affordable price. WHO is to distribute these according to need, especially to developing countries, through a logistics network also set up by the PA. This solution was strongly resisted by countries in the Global North with strong pharmaceutical sectors, as it entailed a drop in profits for the latter, but it was eventually pushed through by the countries of the South. However, the details of the mechanism's operation have yet to be clarified by the parties in an annex to the agreement, without which it cannot be opened for signature and ratification.

The PA contains two main groups of commitments. The first is to increase the resilience of countries to health crises, including pandemics, and thus act preventively. These include ensuring multi-sectoral surveillance of health threats, strengthening primary healthcare, implementing WHO's "One Health" approach requiring, among other things, improving sanitary and veterinary conditions of animal trade to reduce the transmission of zoonotic diseases to humans. The second set of obligations is to strengthen the response to pandemics. These include, for example, supporting the de-concentration of drug and vaccine production globally and the transfer of technology to developing countries, or increasing the resilience of supply chains. The implementation of all requirements is to be supported by the Coordinating Financial Mechanism established by the PA, based mainly on voluntary contributions from countries, the pharmaceutical sector, and non-governmental actors.

The PA also addresses disinformation targeting WHO, particularly the allegation that the organisation is seeking to strip its members of their sovereignty. The relevant provision explicitly states that the PA does not grant the Secretariat or the Director-General of the organisation the authority to alter or otherwise prescribe domestic laws or to impose on countries measures such as travel bans, mandatory vaccinations, or lockdowns.

Circumstances of Adoption. The agreement was adopted at a difficult time for WHO. The U.S. withdrawal from the organisation, announced on 20 January, has hit its finances so badly that its Secretary-General describes it as the biggest crisis in WHO's almost 80-year history. With a contribution of around $1.3 billion, the U.S. was the largest single contributor, covering about 20% of the WHO's approximately $6.9 billion budget for 2023-2024. The U.S. withdrawal also meant the end of information exchange with WHO on health risks, the cooperation with U.S.

agencies and the use of their specialists as experts. In addition, the U.S. administration's withholding of USAID funding depleted the budgets of many NGOs, which also reduced support to WHO.

In response to its financial problems, WHO has already cut its senior management by 50%, started to close offices in some countries, especially the wealthier ones, and reduced its publishing activities. It has also slashed its planned total budget for 2026-2027 from $7.4 billion to $6.2 billion, including core spending from $5.3 billion to $4.2 billion. Funding for the Geneva headquarters is to be cut by 25% and operations in all regions by 14%. This will affect the largest continental recipient in absolute numbers, Africa, which will receive $150 million less than before. Among other things, the cuts will result in reductions in programmes to combat infectious diseases (e.g., polio, tuberculosis) and in the training of medical personnel in developing countries. By next year, they are also likely to translate into a 20% reduction in staff across WHO (about 9,500 to date) and as much as 40% at its headquarters. WHO's financial problems may make PA implementation more difficult, as countries and NGOs may prefer programmes already in place.

However, the U.S. decision to withdraw from WHO, coupled with its withdrawal from the PA negotiations, paradoxically helped to facilitate the talks, as the U.S. was one of the countries holding back progress. Thus, the fears of some experts that, in the face of the U.S. withdrawal, countries would abandon the agreement did not materialise. Nor has there been a wave of withdrawals by other members from the organisation, apart from Argentina on 5 February.

Further Actions and Prospects. To improve the organisation's financial stability, its members agreed at the end of May to increase their mandatory contributions to the budget by 20%. However, this will not fill the gap caused by the U.S. withdrawal. This is because mandatory contributions are a small part of the total money WHO spends, for example, in the 2024-2025 budget period it is no more than 25%. The rest is made up of voluntary contributions from states and non-state donors, nearly 90% earmarked for specific purposes, with no room for redeployment. This decision is in line with WHO's stated goal, declared a few years earlier, that for the biannual budget of 2030-2031, mandatory contributions will already account for approximately 50% of its funds. This would give it greater resilience in the face of rapid political change, allowing it to redirect funds, if necessary, to key programmes such as emergency response, for example, to counter outbreaks that may take on an international dimension, or as the development of treatment and vaccination guidelines.

At the same time, support is being increased by some countries. For example, in May 2025, Switzerland (where WHO is based) pledged an additional $80 million, Sweden $13.5 million and China as much as $500 million, but spread over five years. China will become the largest contributor to the WHO budget after the departure of the U.S. and may wish to increase its influence within the organisation in the process, as its record 180-plus member delegation to this year's annual session of the World Health Assembly in Geneva may signal. So far, however, China has preferred bilateral support, including through its Health Silk Road initiative, and it has shown no ambition to match the U.S. in supporting multilateral formats.

As for the PA itself, countries have assumed that talks on an annex setting out the rules for the PABS will conclude by May next year. This may be overly optimistic, as PABS issues raise strong disagreements between the Global South and North. Meanwhile, the shape of this annex will determine whether a large group of countries will join the PA. Although it was adopted by consensus, at the end of the negotiations scepticism about it was expressed by a dozen, including Bulgaria, Iran, Israel, Russia, Slovakia, and Italy, though they mainly criticised the postponement of decisions on important issues precisely to this annex.

Conclusions and Recommendations. The adoption of the PA is an indirect expression of the belief among the majority of WHO members that there is no better alternative to this organisation. It was under its aegis that the negotiations took place and it was entrusted with coordinating the implementation of the PA. Some of the obligations, especially in the area of pandemic response, are vague, so it may be difficult for the countries concerned (in this case, mainly developing countries) to enforce them. However, obligations on pandemic prevention would give Poland, together with other developed countries and the EU, the opportunity to put pressure on developing countries to raise standards in veterinary and sanitary protection and healthcare. This would reduce the risk of new major health threats internationally, which otherwise could be higher, as funding for WHO programmes in Africa and others declines. A problem for the implementation of the PA may be the mainly voluntary system of financing its implementation.

From Poland's perspective, it would be advisable to put pressure on WHO to reduce spending on activities that require little international cooperation, such as programmes on diseases of civilisation, focusing on combating the main infectious diseases and emergency response. It would also be beneficial from the perspective of the national pharmaceutical sector to be actively involved in the negotiation of the annex setting out the details of the PABS operation. This could help prevent the mechanism from being overburdened with regulatory and administrative solutions and ensure that smaller manufacturers also have access to it and flexibility.

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