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What does the pandemic treaty bring to multilateralism?

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The pandemic treaty, which has been in preparation and negotiation for three years, was adopted on 20 May at the World Health Assembly, an annual meeting in Geneva of all Member States of the World Health Organisation (WHO). This is a very important step forward for multilateralism in the field of health security and health, yet it has not received much attention in an international context marked by armed conflicts and crises.

Anne Bucher, a Non-Residential Fellow at the Bruegel Institute and former Director-General for Health and Food Safety at the European Commission, answers questions from IDDRI and analyzes the scope of this agreement in this blog post-interview.

In what multilateral context did the discussions take place?

It is a remarkable achievement to have reached such an agreement. Until now, there has been only one global treaty on global health: the WHO Framework Convention on Tobacco Control, which dates back to 2003. In 2021, the international community mobilized to produce a treaty on pandemics, which was finally approved in May 2025 by 124 countries, with 11 others abstaining. This is truly a success for multilateralism, as it recognizes the need to strengthen processes, commitments and compromises. Indeed, the WHO, which was heavily criticized during the COVID-19 pandemic, cannot achieve this alone: it has a role as guardian of global health and can issue regulations, but it does not have the power to implement them; it depends on consensus and the individual attitude of countries. However, the ‘pandemic treaty’ is being developed under its auspices, which strengthens its coordinating role, but with individual commitment from nations. This means that the WHO's authority is now recognized and supported by States.

The aftermath of vaccine nationalism in developed countries during the pandemic hung like a sword of Damocles over the discussions. Developed countries had purchased vaccines beyond their needs and had not encouraged technology transfer, licensing or the provision of vaccines and treatments to developing countries. Negotiations on this treaty could have failed due to this North-South conflict. Southern countries did not want to accept the obligation to share virus samples and sequencing data, which enable the development of vaccines and therapies, without obtaining a more favourable attitude towards technology transfer and greater international solidarity in the event of a pandemic.

What progress does this treaty achieve?

The treaty marks a compromise on this issue through the Pathogen Access and Benefit-Sharing System (PABS), although the details of its implementation have not yet been discussed. The agreement first establishes an obligation to make pathogen samples available to enable all global health security stakeholders, including researchers and the pharmaceutical industry, to manage the risks associated with emerging pathogens at an early stage. It also contains two important provisions: pharmaceutical companies commit to making 20% of their vaccine production available to developing countries, 10% of which will be provided free of charge. But there are also plans to facilitate licensing and technology transfer, support production centres in all developing countries, and ultimately build an ecosystem that enables all countries to cope with the pandemic.

As a sign of its political will and ambitions, the international community has established a COP (Conference of the Parties who signed the treaty) mechanism for implementing the agreement which, despite its weaknesses, remains the most effective means of ensuring transparency and visibility of the commitments made. The COP mechanism will also strengthen the power of health ministers, both as a multilateral body creating a true international community and at the national level.

In terms of financing, the treaty provides for synergy between the various existing instruments, in particular the fund set up by the G20 after the COVID-19 pandemic. A mechanism under the authority of the COP will enable States to directly supervise the allocation of funds that will finance the strengthening of health systems in countries, as well as international prevention measures for research and vaccines.

Although the One Health approach (IDDRI, 2024), which offers an interdisciplinary and comprehensive view of the complex links between animal health, human health and the environment as part of a global approach to health issues, was a stumbling block at the start of negotiations, countries ultimately committed to taking these three dimensions into account and establishing multisectoral and multidisciplinary research and surveillance structures. This is both a victory for multilateralism and a major step forward, as the greatest risks of pandemics are zoonoses resulting from the destruction of animals' natural habitats caused by urbanization and deforestation, as well as

intensive livestock farming practices.

Are there any remaining challenges or obstacles to implementing the treaty?

At this stage, the treaty has been adopted by consensus by 124 countries at the World Health Assembly. It must then be signed and ratified, and only after this process will we know the number of participating countries. The terms and conditions for implementing the two main innovations–the PABS and the financial mechanism–have yet to be defined. For the former, which enables the production of tests, treatments and vaccines, the provisions will be specified in an annex, which is currently a blank page. To what extent will developing countries be willing to accept the obligations of sharing sequencing data, and what commitments are States prepared to make for their pharmaceutical industries in order to promote access to technologies, as well as in terms of pricing and royalties in the event of licensing?

In addition, the non-participation of the United States, traditionally a leader in global health security in terms of governance, funding and research support, is the main stumbling block to the agreement. The country has set up databases and research centres, funds nearly 90% of research on tropical diseases, and is the largest contributor to the pandemic fund–even though this fund now has a life of its own. The absence of the United States therefore represents a significant weakness in the system, but this weakness makes the system even more necessary. Furthermore, in the field of health security, humanitarian organizations and philanthropic foundations play an important role and are as financially powerful as the WHO ; this may leave room for the United States to be present through these global health organizations.

And last hurdle: issues related to national sovereignty, which have historically come in opposition to any attempt at multilateralism in global health and weaken the WHO in implementing its regulations. With regard to the pandemic treaty, each article of the text states that it is ‘without prejudice to national sovereignty in the field of health’, which may weaken the agreement. This is why the terms of the financing mechanism and the PABS, which are still to be discussed next year, are fundamental and will serve as a test. The agreement is fundamentally dependent on the political will of countries to implement the principles of collaboration and mutualization it contains. However, some countries–including three EU Member States: Poland, Slovakia and Italy–did not want to sign it, precisely for reasons of national sovereignty. But China has signed, which is good news.

What role for Europe?

Europe played a central role in launching the idea of the treaty and in its negotiation. Beyond the States, regions can become members of the Agreement, so that the European Union will have to decide whether it wishes to sign it and become a party to the COPs. This would be a step forward, as the EU is not a member of the WHO, but it plays a very important role in research and the pharmaceutical industry, and is endowed with a significant power for dialogue and convening. This agreement will, for example, enable actors such as the EU, which have strengthened their pandemic risk management, to build effective partnerships with other regions and international partners.

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