



## Letter to the editor

# A big step in defending global health security

DOI: 10.5377/alerta.v8i2.20334

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*Madam Editor:*

After three years of intense negotiations, the member countries of the World Health Organization (WHO) reached a consensus on a draft Global Pandemic Treaty, which will be approved in May at the next World Health Assembly.

During the negotiation process, a disinformation campaign incorrectly claimed that the Treaty would mean a WHO "power grab" to impose various demands on countries and a loss of their sovereignty.<sup>i</sup>

Except for Argentina and the United States, which explicitly withdrew from the WHO and the negotiation process, all Member States will push for its ratification to enter into force at the global level and have an instrument of international law binding in the event of future pandemics.

The Treaty represents an important milestone for global health and multilateralism. It arises from the experience of COVID-19, where many countries experienced major difficulties in accessing strategic health products, such as vaccines, diagnostics, and personal protection equipment, seeking greater solidarity and ensuring equity of access.

Among the pillars of the new Treaty are: a) strengthening health systems; b) sustainable financing; c) capacity building and technology transfer; d) surveillance based on

the "One Health" approach; and e) sharing of pathogens and benefits.

Technology transfer for pandemic-related products was one of the critical points in the discussion. The Treaty moves forward on intellectual property issues, proposing the possibility of compulsory licensing to allow countries to produce their own drugs and vaccines.<sup>ii</sup> Countries with pharmaceutical industries holding patents strongly opposed this compulsory licensing, arguing that these clauses do not incentivize scientific innovation. In this sense, technology transfer should be carried out on "mutually agreed terms" with the owners of the technology. However, if necessary, the countries' sovereignty should be safeguarded for compulsory licensing.

According to the Treaty, the WHO will receive 20% of the production of vaccines, therapies, and diagnostics for the pathogens causing future pandemics and distribute them in solidarity to low-and middle-income countries according to their needs.

According to Reges *et al.*,<sup>iii</sup> the Global Pandemic Treaty has two main points: Equity as a structuring principle (Art.3). Equity is established as a transversal and essential principle committed to reducing avoidable inequalities between countries and populations. Solidarity is another key aspect.

Strengthening the health workforce (Art.7) calls for developing, protecting, and



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**Un gran paso en la defensa de la seguridad sanitaria global**

### Suggested citation:

Tobar S. A big step in defending global health security. *Alerta*. 2025;8(2):233-235. DOI: 10.5377/alerta.v8i2.20334

### Editor:

Nadia Rodríguez.

### Received:

April 22, 2025.

### Accepted:

April 25, 2025.

### Published:

April 30, 2025.

### Conflicts of interest:

No conflicts of interest.

investing in a skilled and secure health workforce. It includes combating discrimination, promoting decent working conditions, and creating a global health emergency force that can be deployed in pandemic situations.

Sustainable and supportive financing (Art. 20). Mechanisms to mobilize additional resources, including subsidies and innovative approaches, are promoted to strengthen financing.

International Cooperation and Capacity Transfer (Art. 19). Cooperation is promoted to strengthen the capacities of developing countries through the transfer of technology, technical assistance, and financial support, expanding their knowledge base and scientific sovereignty.

"One Health and environmental integration" (Art. 5). The "One Health" approach recognizes the interdependence between human, animal, and environmental health. It aims to integrate policies to prevent zoonoses and reduce the environmental factors that drive pandemics through coordinated and multisectoral plans.

Integrated prevention and surveillance (Art. 4) promotes the formulation of comprehensive national disease prevention and surveillance plans that incorporate environmental, climatic, social, and economic factors and coordinate responses between sectors.

Access and benefit-sharing system (Art. 12). A multilateral system is proposed for the rapid exchange of pathogens and their genetic information, with mechanisms to ensure the equitable distribution of the benefits derived from their use by the Nagoya Protocol, promoting transparency and fair access.

Supply chains and logistics (Art. 13). A global network is proposed to ensure equitable and timely access to essential commodities during pandemics. It provides for stockpiling, rapid release, and distribution based on risk and public health needs.

Strengthening regulatory authorities (Art. 14) aims to improve national and regional regulatory capacity to ensure the quality, safety, and efficacy of pandemic-related products.

Communication, literacy, and public trust (Art. 18). The agreement promotes access to science-based information and combats misinformation. It encourages research on public health evidence and trust in institutions, with special attention to coordinated risk communication campaigns.

Governance, monitoring, and updating. It promotes the creation of the Conference of the Parties to oversee the agreement's

implementation, with the possibility of establishing subsidiary bodies. It encourages the peaceful resolution of disputes and establishes mechanisms for proposing amendments and protocols, ensuring adaptive flexibility based on new evidence.

Among the main gaps and challenges is that, despite the progress made, the agreement has significant limitations. There are no robust monitoring and sanction mechanisms or clear guarantees on sustainable financing or equitable distribution of resources during emergencies. The operationalization of technology transfer still lacks concrete instruments. In addition, there is a lack of clear proposals for ensuring the resilience of health systems, accelerating research and development during crises, and coordinating efforts among multiple global institutions. Environmental gaps, although recognized, lack binding targets or mechanisms.

Cooperation to strengthen capacities for future pandemics in developing countries through technology transfer, technical assistance, and financial support, expanding their knowledge base and scientific sovereignty, is a missed opportunity for countries with both scientific-technological capacities for the production of drugs and vaccines.<sup>iv</sup>.

The new Treaty constitutes an important collective commitment to global health security, preparing and strengthening capacities for future pandemic episodes, particularly about overcoming the problems of access to strategic health products, such as vaccines, personal protective equipment, and diagnostics experienced during the COVID-19 pandemic. Undoubtedly, in the face of new pandemic events, it can only be overcome through multilateralism and cooperation based on principles of solidarity and equity.

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