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The WHO Pandemic Agreement 2025: What it means for Bhutan's health security and preparedness

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Background

The COVID-19 pandemic underscored that the global response to such a crisis was largely unprepared, fragmented, and inequitable¹⁻³. It also revealed limitations of the existing International Health Regulations (IHR 2005), which proved insufficient for a public health emergency of such magnitude^{2,4}. In line with the recommendations from the Independent Panel for Pandemic Preparedness and Response, the World Health Organization (WHO) and its Member States began drafting a new pandemic accord in December 2021⁵. The Intergovernmental Negotiating Body was established to deliver this task³.

After nearly three years of extensive negotiations, Member States adopted the WHO Pandemic Agreement on 20th May 2025 during the 78th World Health Assembly (WHA) in Geneva⁶. The path to adoption was anything but smooth. A last-minute request for a formal vote underscored lingering divisions among Member States. Despite these political divisions, the Agreement was ultimately adopted, an important milestone in an increasingly fragmented global landscape.

This Agreement is the world's first legally binding framework dedicated to strengthening pandemic prevention, preparedness, and response (PPR) by addressing the inequities and coordination gaps exposed by the COVID-19. It emphasises solidarity, equitable access to countermeasures, shared accountability, and a One Health approach. The adoption of the Agreement marks a historic step toward a more resilient global health order, signaling a renewed commitment to protect all countries, regardless of size or resources from future pandemics⁷.

Understanding the WHO Pandemic Agreement: What it encompasses

The core elements of the Agreement include commitments across several strategic domains: strengthening prevention & surveillance measures; building resilient national health systems with a strong workforce; promoting equitable access for vaccines, diagnostics, and therapeutics; building geographically-diverse research and development capacities; enhancing local manufacturing and supply chain resilience; facilitating transfer

of technology; securing sustainable financing, and establishing governance and accountability frameworks⁸. The Agreement explicitly requires countries to adopt a One Health approach for pandemic PPR, recognising the interconnectedness of public health with animal health and the environment^{8,9}. It also introduces dedicated institutional mechanisms such as the Conference of the Parties and the Coordinating Financial Mechanism, which are designed to steer governance, ensure coherence, and provide the financial backbone necessary for its effective implementation⁸.

A major domain of the Agreement is equity, which aims for fair access to health products and recognition of the special needs of developing countries including land-locked states. It establishes the Pathogen Access and Benefit-Sharing System (PABS) designed to enable rapid sharing of pathogen materials and sequencing information, along with fair distribution of resulting benefits¹⁰. However, the PABS is under negotiation by the newly established Intergovernmental Working Group. Unless PABS is finalized and mutually agreed, the Agreement cannot be opened for signature and ratification at least until the 79th WHA in 2026. This unresolved component introduces a dangerous period of limbo, risking the dissipation of political momentum and vulnerability to industry lobbying¹¹.

In essence, the Agreement represents the most comprehensive global effort since the IHR 2005 to reimagine how the world prepares for and responds to health emergencies, moving from reactive emergency response towards proactive, equitable preparedness and resilience.

Relevance of the WHO Pandemic Agreement for Bhutan

For Bhutan, the adoption of the Agreement holds particular significance. The country's experience during the COVID-19 demonstrated both the strengths and vulnerabilities of a small-nation's health system that relies heavily on international solidarity for timely access to medical supplies. Guided by strong leadership and a robust public health system, Bhutan mounted an exemplary pandemic response. Yet, challenges related to supply chain disruptions, vaccine access, and limited domestic manufacturing capacity mirrored the constraints faced by many countries¹².

The new Agreement therefore offers an opportunity to consolidate lessons from COVID-19 and align its national Health Emergencies Preparedness Response and Resilience (HEPR)

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framework with global commitments, including the IHR 2005.

Implications and opportunities for Bhutan

The Agreement provides a timely opportunity to reinforce and institutionalise Bhutan's mechanisms for the HEPR, closely aligning with the findings of recent Joint External Evaluation (JEE) for health security.

First, its focus on strengthening national capacities complements Bhutan's ongoing efforts to enhance surveillance, laboratory networks, and emergency operations through the Health Emergency Operations Centre and the Royal Center for Disease Control. Its focus on building a competent health workforce also reinforces Bhutan's continuing investments in field epidemiology training, rapid response teams, and emergency medical teams.

Second, commitments towards equitable access to countermeasures and global solidarity financing could address challenges Bhutan faced during COVID-19, particularly in accessing vaccines, diagnostics, and medical supplies due to global supply chain constraints. Participation in new global mechanisms for technology transfer and regional manufacturing may reduce dependency and strengthen resilience.

Third, the Agreement's recognition of the One Health approach supports Bhutan's existing leadership in the region through the Inter-Ministerial Committee for One Health (IMCOH) and its Secretariat, offering a strong agenda to integrate human, animal and environmental health systems.

Finally, the Agreement opens new avenues for regional and global collaboration, enabling Bhutan to participate in collective learning, information exchange, and joint preparedness exercises. Bhutan can leverage on existing projects for pandemic preparedness supported by the World Bank and Pandemic Fund, fostering stronger regional solidarity and coordinated response capacities.

Implementation challenges and considerations for Bhutan

While the Agreement offers several opportunities, effective implementation will require consideration of systemic, financial, and institutional challenges.

Sustainable financing remains a key constraint as Bhutan's health financing relies heavily on government funding and development partners. Additional innovative financing mechanisms will be necessary to strengthen surveillance infrastructure, laboratory systems, and emergency response capacities. Mobilising domestic investment while leveraging external funding simultaneously will be essential in operationalising the Agreement's commitments.

Workforce capacity and retention continue to be areas of concern, particularly in the aftermath of COVID-19. Expanding field epidemiology, laboratory capacity, and One Health coordination will require sustained investment in training, incentives, and institutional support.

Strengthening digital health infrastructure, data governance, and biosafety systems will be vital to meet new

global standards for the PABS. Finally, Bhutan will need to balance global obligations with national sovereignty through active participation in global health diplomacy, ensuring that international commitments reinforce rather than constrain national priorities.

Conclusion and way forward

The adoption of the Agreement marks a transformative moment in global health governance, placing solidarity, accountability, and equity at the heart of pandemic PPR. For Bhutan, this commitment presents both an opportunity and a responsibility to strengthen its national health security systems while contributing meaningfully to regional and international collaboration.

As Bhutan continues to implement the IHR obligations and advances the One Health approach, the Agreement provides a clear framework for aligning national priorities with global standards. The country's COVID-19 experience demonstrated that strong leadership, community solidarity, and intersectoral coordination can overcome significant challenges. Building on these strengths, Bhutan can position itself as a model of resilience and preparedness among small nations and within the region.

Looking ahead, Bhutan should prioritise institutionalising preparedness capacities, investing in health system resilience, and securing sustainable financing for health emergencies. Continued engagement in global health diplomacy will also be essential to ensure Bhutan's perspectives continues to shape the evolving landscape of pandemic governance.

Ultimately, the success of the Agreement will depend not only on global consensus but on the ability of each nation, including Bhutan, to translate its principles and commitments into concrete actions and preparedness across all levels of society.

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