IFPMA

STATEMENT

Statement at the fourth meeting of the open-ended Intergovernmental Working Group (IGWG 4) on the WHO Pandemic Agreement

01 DECEMBER 2025, GENEVA – The Pandemic Agreement and its PABS Annex must achieve their core objectives: strengthening research and innovation and ensuring fair, equitable benefit-sharing. We seek a balanced solution that avoids trade-offs between these goals.

To succeed, we must preserve what worked during COVID-19—rapid access to pathogens and genetic sequence data and an innovation system that delivered at record speed—while fixing what did not: equitable rollout of medical countermeasures.

We respect the principles agreed in the Pandemic Agreement and urge against reopening them. The priority now is to ensure the PABS Annex defines effective implementation mechanisms that realize these objectives.

The PABS should provide easy, rapid access to a broad set of pathogens for all researchers—public and private, North and South—while maintaining biosecurity. Industry participation depends less on new incentives and more on removing disincentives. Legal certainty during emergencies is critical; obligations must not be duplicated across frameworks.

Current proposals risk undermining preparedness by restricting access, adding bureaucracy, and increasing costs—discouraging R&D. Companies will continue accessing materials through multiple channels and partnerships, which is essential for innovation and rapid response.

The system should avoid complex sample-level traceability, focusing instead on biosafety standards. Highly structured traceability creates legal and operational uncertainty, complicates research, and diverts resources from collaboration.

We acknowledge the 20% real-time set-aside target in the Agreement. Industry participation requires flexibility in meeting obligations—through donations, tiered pricing, or voluntary licensing—to enable rapid, tailored responses. This approach strengthens contributions by enabling broader participation.

Rigid benefit-sharing obligations, IP restrictions, or mandatory financial contributions risk making engagement prohibitively costly, discouraging participation, and driving companies away. The most valuable contribution industry can make is building a pipeline of products ready for deployment.

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Currently, few vaccines and therapeutics target the highest-risk pathogens; without stimulating this pipeline, there will be no benefits to share.

As outlined, in our equitable access statements, depending on expertise and resources, companies can contribute through:

1. Strengthening innovation platforms for rapid deployment and expanding clinical trial networks globally.
2. Scaling production and ensuring supply continuity for repurposed medicines.
3. Enhancing manufacturing capacity via partnerships and voluntary technology transfer.
4. Supporting health-system and regulatory preparedness through financial and technical assistance for surveillance, trials, and workforce development.

These tools require enablers such as robust health systems, regulatory readiness, reduced trade barriers, and optimized delivery infrastructure.

The forthcoming PABS Annex will be a critical test of the WHO Pandemic Agreement's ability to deliver on its promise. Success depends on whether the Annex enables—not obstructs—innovation, partnership, and equitable access.

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