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OFFICIAL HANDBOOK

WHO

Strengthening Global Compliance with Pandemic Preparedness and Reporting Obligations

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COMMITEE

overview

The World Health Organization (WHO) is a specialized agency of the United Nations established on April 7, 1948. As the principal international committee directing authority on global public health, its main purpose is to make sure that all nations are guided to attain the highest possible level of physical, mental, and social well-being. The WHO serves as a forum for international health diplomacy. It establishes global medical standards, coordinates responses to biological emergencies, facilitates scientific research, and offers technical assistance to national healthcare worldwide.

This committee has a structure of three primary bodies. These are the World Health Assembly (WHA), the Executive Board, and the Secretariat. WHA acts as the supreme decision-making authority and meets annually in Geneva, with representatives from all 194 member states. The Assembly is responsible for approving the Organizational Programme Budget, electing the Director-General, and adopting international health regulations or treaties. The Executive Board is composed of 34 health professionals, and the Secretariat is led by the Director-General, with six regional offices and over 150 country offices.It is in times of crisis that the World Health Organization acts as the international center for data exchange, coordination for emergency response, and bringing technical cooperation between states while navigating state sovereignty.

HISTORICAL *background*

Learning from mistakes is crucial for improving our future readiness, especially concerning global compliance and pandemic preparedness. The 2003 SARS outbreak highlighted the severe consequences of being unprepared, causing significant disruption and strain on health systems. Though relatively containable, SARS served as a warning about the potential dangers of asymptomatic transmission, leading to increased vigilance for diseases like COVID-19.

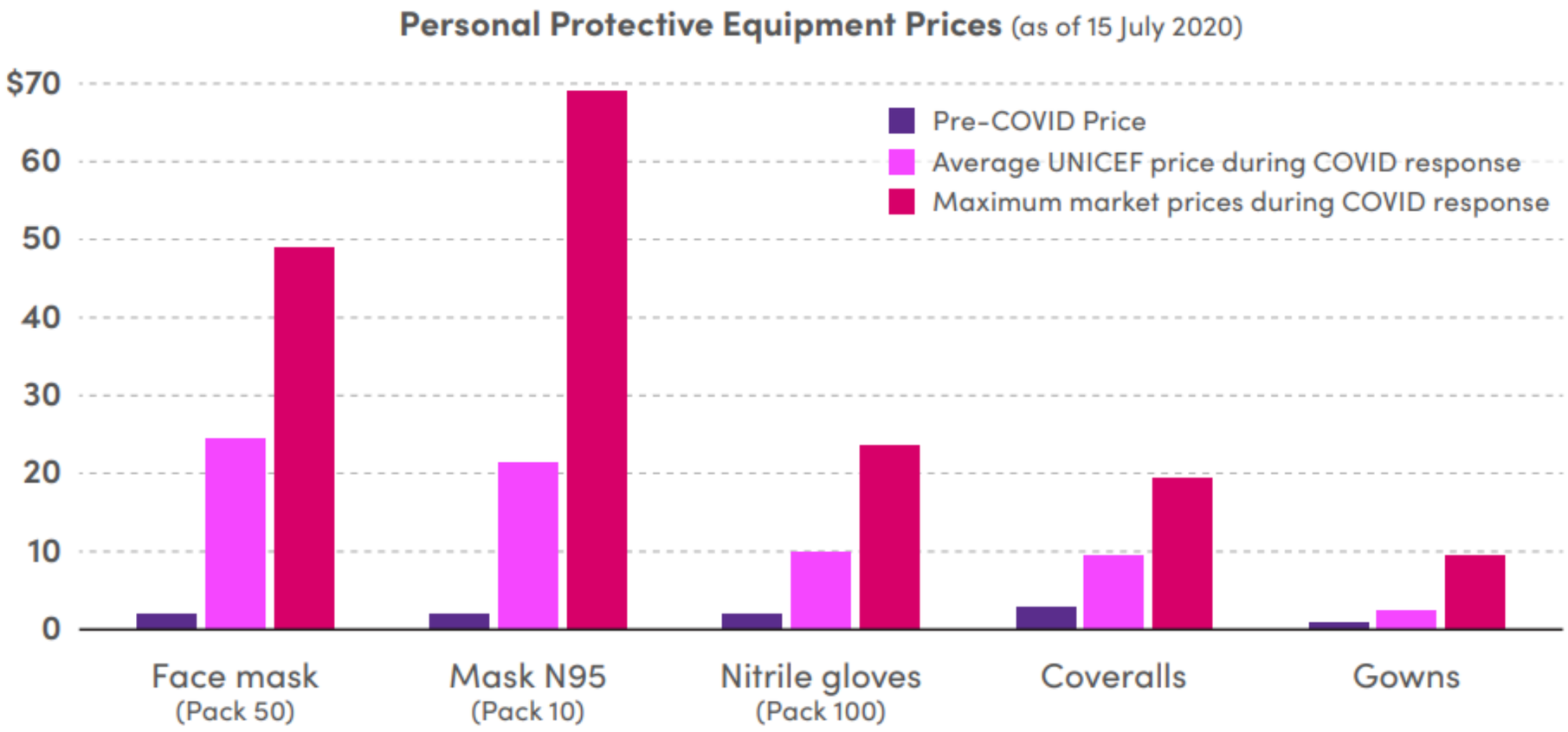
Notable preparedness initiatives emerged post-SARS, such as the revised International Health Regulations adopted in 2005, which established binding responsibilities for states and the World Health Organization regarding notification and information sharing. Other efforts included the Global Health Security Initiative and the Global Health Security Agenda, aimed at enhancing international cooperation.



While a number of states engaged in these initiatives, significant participation was lacking, which ultimately diminished their overall effectiveness. Since the 2009 H1N1 pandemic, an array of high-level assessments and reports has emphasized the urgent need for enhanced global health systems and robust pandemic preparedness measures. These reports have consistently highlighted various vulnerabilities and gaps in the current frameworks. Despite the World Health Organization's ongoing efforts to facilitate coordinated responses, mobilize resources, and secure necessary funding for public health initiatives, various challenges continue to impede progress. These include disparities in national capacities, political will, and the disparities in resource allocation among nations, all of which lessen the global community's ability to respond effectively to pandemics.

Figure 6: Personal Protective Equipment Prices (as of 15 July 2020)

Source: UNICEF Global COVID-19 Special Interim Report, August 2020.



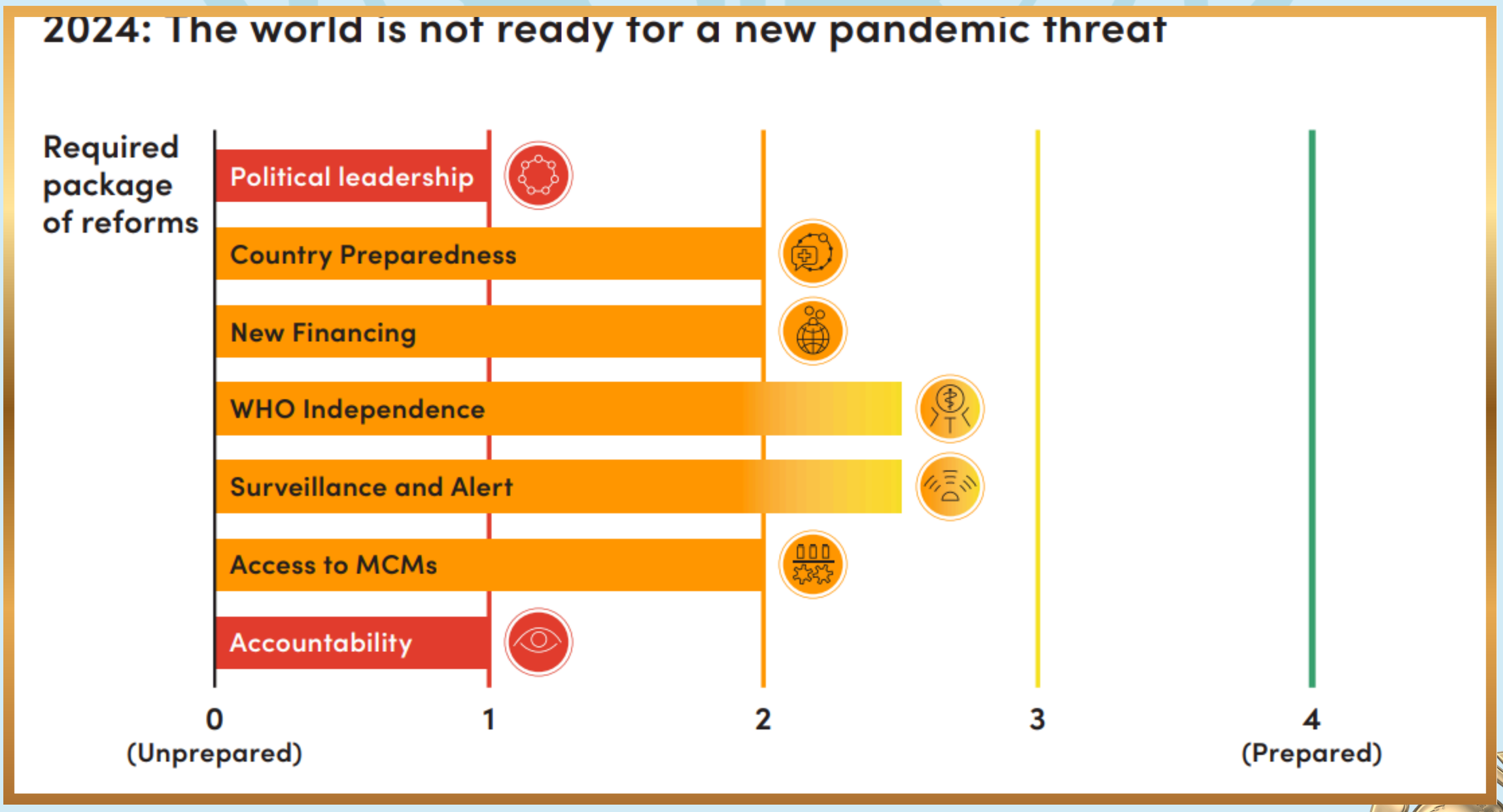
CURRENT *situation*

The WHO Pandemic Agreement was adopted by the World Health Assembly on May 20, 2025, marking a historic moment for global public health. The devastating impact of the COVID-19 pandemic exposed significant gaps and inequities in the world's ability to prevent and respond to health emergencies, prompting nations to take action. Launched in 2021, the negotiation process involved three years of intensive work by governments, in consultation with stakeholders and experts. The aim of the Intergovernmental Negotiating Body (INB) established for this purpose was to draft and negotiate a WHO convention, agreement, or other international instrument focused on pandemic prevention, preparedness, and response. This effort culminated in a legally binding international instrument designed to make the world safer and more equitable in the face of future pandemics.



Following its adoption, the next crucial step is for an Intergovernmental Working Group (IGWG) on the Pandemic Agreement to negotiate the specifics of the Pathogen Access and Benefit-Sharing (PABS) system, which will serve as an annex to the Agreement. Once this annex is adopted by the World Health Assembly, the full Agreement will be open for countries to sign and ratify according to their own constitutional processes.

The Agreement will officially go into effect 30 days after 60 countries have ratified it. Agencies like the INB mark a significant milestone in global health governance. Member States reached a consensus on the world's first Pandemic Agreement, formally adopted during the 78th World Health Assembly in May 2025. This landmark agreement reflects a shared commitment to strengthening international coordination, ensuring equitable access to essential health tools, and building a more resilient global health system to better prevent and respond to future pandemics.



KEY AREAS OF *debate*

- What is the most effective and equitable model for funding core surveillance infrastructure and compliance capacity in developing states?
- How can international frameworks prevent other states from economically penalizing reporting nations through unscientific trade and travel bans?
- How should the Pathogen Access and Benefit-Sharing (PABS) System be structured under global health law to balance open scientific data with equitable medical access?
- Once a pandemic emergency is declared, how should global supply chains for critical health countermeasures (PPE, diagnostic kits, oxygen, vaccines) be managed and distributed?
- How should independent non-governmental organizations (NGOs), private research institutions, and unofficial surveillance networks be formally integrated into global pandemic reporting and response workflows?

DIFFERENT *perspectives*

- Developing states argue that non-compliance with early reporting rules often stems from a lack of healthcare infrastructure and laboratory capacity rather than bad faith. They insist that compliance cannot be decoupled from equity. Therefore, they demand legally binding commitments for financial support, technology transfer, and guaranteed access to resulting vaccines and therapeutics (via the PABS framework).

- Western and donor nations prioritize rapid and strict national accountability through designated authorities. While supporting capacity-building through targeted mechanisms like the Pandemic Fund (FIF), they firmly oppose mandatory intellectual property (IP) waivers or forced technology transfers, arguing that strong IP protections are necessary to incentivize pharmaceutical research and development.

- Nations such as China, Brazil, India, South Africa, and Russia advocate for multilateral cooperation but draw a firm line at state sovereignty. They resist any international governance measures that would allow external entities (such as the WHO or independent NGOs) to perform uninvited, mandatory on site inspections

DELEGATIONS *list*

- United States of America
- China
- Russia
- Ukraine
- Turkiye
- Lebanon
- Colombia
- Afghanistan
- Japan
- Iran
- Germany
- France
- Ireland
- India
- Brazil
- Médecins Sans Frontières (MSF / Doctors Without Borders)
- International Rescue Committee (IRC)
- International Medical Corps
- Pfizer
- Moderna

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