

The world is not prepared for the next pandemic. Here's why



Pedestrians on Orchard Road during the Covid-19 pandemic in December 2021. Without a global consensus on how to prepare for and manage outbreaks with pandemic potential, we remain vulnerable to a repeat of the devastation caused by Covid-19, not only in terms of lives lost but also by way of economic and social disruption, says the writer. ST PHOTO: LIM YAOHUI

A global pact is vital to respond to future outbreaks, but the self-interest of countries is getting in the way.

Teo Yik Ying

In the wake of the devastating Covid-19 pandemic, it is deeply troubling that negotiations for a new international Pandemic Agreement recently concluded without consensus among World Health Organisation (WHO) member states.

We should all view this with the gravest concern, especially as several human cases of avian influenza infection, or bird flu, have been reported around the world – in Australia, the United States and Mexico – in the past three months alone.

Notably, the first case of animal-to-human transmission of H5N1 in Australia involved a child who contracted the virus while

travelling in India. This is reminiscent of how the severe acute respiratory syndrome started in south China before spreading to at least 29 countries, and also the Middle East respiratory syndrome which began in Saudi Arabia and had an estimated impact of around 860 deaths in 27 countries.

In the past two decades, the world has experienced at least six other pandemics in addition to Covid-19, including swine flu (H1N1), Ebola, Zika and monkeypox, each of which exacted a considerable toll on populations across different continents, fuelled by the ease and frequency of international travel.

Without a global consensus on how to prepare for and manage outbreaks with pandemic

potential, we remain vulnerable to a repeat of the devastation caused by Covid-19, not only in terms of lives lost but also by way of economic and social disruption.

WHAT IS THE PANDEMIC AGREEMENT?

The Pandemic Agreement revolves around the exact set of rules and guidelines that will help the world better prepare for and respond to future pandemics.

The goal is to avoid the chaos and inequality that marked the response to the Covid-19 pandemic. This will also ensure that every country, regardless of wealth, has access to the tools needed to fight a global health crisis.

The agreement outlines the

In our interconnected world, a virus emerging in one area can spread quickly, and it is only through timely sharing of pathogen samples and management technologies that we can develop and deploy effective countermeasures early.

responsibilities of individual countries, such as strengthening national health systems by investing in healthcare infrastructure, human resources and robust medical supply chains. It also details how countries should help each other during a time of global health crisis.

For example, the agreement aims to ensure all countries have fair access to vaccines, treatments and diagnostic tests during a pandemic. To achieve this, countries are expected to cooperate and contribute, since the agreement recognises that not all countries have access to the same level of resources.

In practical terms, this means richer nations are expected to reserve a portion of their medical supplies for distribution to poorer countries during health emergencies.

Richer countries are also expected to take on more responsibilities, such as providing more financial support and sharing technology. This principle, known as common but differentiated responsibilities, underscores the need for greater contributions from wealthier nations.

However, the agreement is not solely about richer countries doing more. It also stipulates the need for rapid and transparent sharing of information to prevent an outbreak from escalating into a pandemic.

This includes sharing data about new viruses and their genetic make-up, which helps scientists and health officials worldwide develop vaccines, treatments and diagnostics more quickly.

The agreement also addresses the temporary waiver of intellectual property (IP) rights for vaccines and treatments to ensure these essential medicines and technologies are widely available during a crisis.

For the agreement to succeed, all nations must recognise that their individual health security is intertwined with global health security. In our interconnected world, a virus emerging in one area can spread quickly, and it is only through timely sharing of pathogen samples and management technologies that we can develop and deploy effective countermeasures early.

As a country that thrives on multilateralism and global cooperation, Singapore has been a vocal proponent of the Pandemic Agreement. At the recent Group of 20 Health Ministers' Meeting, Minister Ong Ye Kung reiterated the necessity for improved global surveillance systems and the importance of ensuring fair access to vaccines and treatments for developing countries – two key tenets of the Pandemic Agreement.

But regrettably, it has not been possible to achieve the necessary consensus across all WHO member states.

WHY THERE'S NO CONSENSUS

Covid-19 has shown that individual countries often

[CONTINUED ON PAGE B2](#)

Regional cooperation more realistic than a global consensus

FROM BI

prioritise their own well-being and economies, leading to heightened global distrust.

After all, the low- and middle-income countries (LMICs) observed how wealthier nations secured the bulk of available vaccines and essential medical supplies for themselves, while poorer countries struggled to immunise their populations.

Even in the run-up to the Pandemic Agreement discussion in May, wealthier countries, including Britain, were reluctant to commit to a fixed percentage of their medical supplies for poorer nations, fearing this would undermine their national interests.

The debate over IP rights also stalled progress. Some countries, including the US, opposed

waiving IP protections on pandemic-related products, arguing this will harm pharmaceutical innovation. Notably, many objections came from countries with significant pharmaceutical industries.

Another area of contention was the principle of sharing pathogen samples and ensuring that the benefits derived from such sharing, including vaccines, treatments and diagnostics, are distributed equitably.

There have been instances where virus samples shared by a host country led to the development of vaccines that were subsequently sold back to the host country at high prices.

What was deemed to be life-saving medical interventions for LMICs became profiteering mechanisms for the pharmaceutical industry in

developed countries.

This explains why developing countries are reluctant to commit to sharing pathogen samples and genomic sequences.

Wealthier nations, meanwhile, are unwilling to take on more responsibilities without clear commitment of reciprocity by developing countries.

At the heart of the stalled negotiations lie distrust and nationalistic self-interest. The reluctance of some nations to cede sovereignty or commit resources to an international agreement undermines collective efforts and weakens the credibility and enforceability of international health frameworks.

A REGIONAL CONSENSUS?

While the failure to reach a consensus on the Pandemic Agreement is undoubtedly a significant setback, there is at least widespread recognition that the world needs to be better prepared for future pandemics.

This shared understanding points to a collective will to build resilience against future "Disease X" scenarios.

Instead of striving for an idealistic global consensus, a more realistic alternative may be to aim for regional cooperation.

Regional blocs such as the European Union and the African Union have established separate Centres for Disease Control (CDCs) to perform joint surveillance and data collection in Europe and Africa, respectively.

The commitment to jointly collect, analyse and share data on infectious disease outbreaks is a critical element of early warning and rapid response systems. Countries have every incentive to sign up to an agreement that provides advanced warning should an outbreak occur in neighbouring countries.

The Africa CDC supports establishing and strengthening national laboratory systems for rapid pathogen diagnosis and identification. It also organises rapid response teams to provide on-the-ground support and expertise during outbreaks.

Regional CDCs are more efficient in working with individual countries to develop and monitor preparedness plans for public health emergencies and stockpile necessary medical supplies.

Asean recently established the Asean Centre for Public Health Emergencies and Emerging Diseases so that the region can be better prepared to respond to public health threats. It provides a

framework for joint surveillance, information sharing and capacity building to tackle an outbreak within South-east Asia.

Building trust among countries in a regional bloc is often easier due to existing platforms for frequent negotiations and trade and immigration agreements.

Such trust can be leveraged to develop benefit-sharing agreements, joint inventories of essential medical supplies, and even joint price negotiations and pooled procurement of emergency supplies, as demonstrated by the EU's approach to Covid-19 vaccine procurement.

The European Commission represented EU member states in securing favourable terms and pricing from vaccine manufacturers, and vaccines procured through this process were distributed to member states based on their population size, which ensured all countries within the bloc received their fair share.

In essence, this is part of what the Pandemic Agreement seeks to achieve, but at a global scale.

A FRAGILE WORLD ORDER

The inability to agree on the Pandemic Agreement signals a

deeper crisis for humanity, where the consensus-based mechanisms governing many United Nations systems have essentially broken down.

It reflects a world grappling with profound divisions, distrust, and competing national priorities at a time when collective action is most urgently needed.

The Pandemic Agreement, if ratified with robust enforcement mechanisms and equitable provisions, could have set a precedent for collaborative international action in health emergencies.

Its failure warns of a fragile world order ill-prepared to confront shared challenges, including climate emergencies and nuclear-armed conflicts.

Humanity stands at a crossroads, where the choices we make today will shape the resilience and sustainability of future generations.

This will depend on nations' willingness to rise above differences and commit truly to safeguard the health and well-being of all global citizens.

Teo Yik Ying is vice-president for global health and dean of the Saw Swee Hock School of Public Health at the National University of Singapore.