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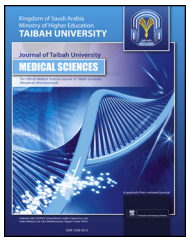

Letter to the Editor

Towards a resilient, pandemic-prepared, and equitable future: Public health and policy perspectives on the world health assembly agreement

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Dear Editor,

Pandemics have repeatedly served as defining moments in global health, compelling nations to reassess how they organize care, share knowledge, and safeguard economies. The recent decision by the World Health Assembly (WHA) to endorse a global pandemic agreement represents one such moment.[1] Previous outbreaks left profound neurological, physical, and mental health sequelae; isolation policies magnified anxiety, depression, and post-traumatic stress; and widespread misinformation eroded trust in public health interventions. Service disruptions and fragile digital infrastructures, especially in low-income settings, compounded these difficulties, and the resulting job losses, business closures, and rising poverty widened social inequalities and reduced overall well-being.[2]

These experiences have exposed the structural inequities and vulnerabilities of health systems worldwide. Many states entered the COVID-19 crisis without sufficient infrastructure, workforce capacity, or sustainable financing. Global surveillance networks have struggled to provide early warnings or coordinate responses. Together, these gaps underscore the need for a science-driven, equity-focused framework to strengthen surveillance, guarantee fair access to innovations, and build resilience for future emergencies.[3] The WHA agreement addresses these needs by placing equitable access to countermeasures, stronger surveillance, and improved public health governance at the heart of global preparedness. It mandates the expansion of manufacturing capacity, encourages open research networks, and pledges technology transfer to close vaccine equity gaps. While the accord proposes the establishment of a Pathogen Access and Benefit Sharing (PABS) system, this system has not yet been approved; rather, it is to be drafted and negotiated through an Intergovernmental Working Group, with the resulting annex to be considered at the next WHA. These commitments, endorsed by the member states in

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attendance,require clear implementation pathways.[1,9] By creating a legally binding framework, the agreement seeks to equip every country, regardless of income, with the tools necessary for prevention, response, and recovery, thereby addressing the solidarity and accountability gaps revealed by the COVID-19 pandemic.[4]

For the agreement to deliver on its promise, governments and partners must mobilize sustainable financing for public health infrastructure, workforce development, and digital tools, while actively countering misinformation and fostering community trust.[5,6] Equity must remain central: marginalized and vulnerable populations deserve timely and adequate care, supported by universal-access policies and resilient health-system investments.[4] Early detection and containment depend on coordinated investigations, transparent data-sharing, and reliable supply chains. A One-Health perspective that integrates human, animal, and environmental health will be indispensable for managing zoonotic threats and requires cross-sector collaboration and policy reform.[7] Finally, the agreement emphasizes overcoming intellectual-property barriers and accelerating technology transfer so that life-saving innovations reach all regions equitably.[1,8] The WHA pandemic agreement therefore offers a historic opportunity to build a safer and fairer global health system. Turning words into impact will require cohesive, long-term reforms grounded in justice and inclusivity. Our collective resilience depends on decisive international cooperation to ensure that no nation is left behind in future health emergencies.

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Conflict of interest

The authors have no conflict of interest to declare.

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Authors contributions

OJO conceptualized and designed the study. UOA conducted literature review and data collection. UOA and TAO wrote the first draft of the manuscript. MMA and OJO critically revised the manuscript for important intellectual content. DELP III supervised the study. All authors have read and approved the final manuscript. All authors have critically reviewed and approved the final draft and are responsible for the content and similarity index of the manuscript.

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