



## *El largo camino hasta el tratado de pandemias*

### *Resumen:*

*La Organización Mundial de la Salud (OMS) ha aprobado el tratado de pandemias, marcando el inicio de un proceso que requiere generar confianza internacional para que este instrumento se convierta en una herramienta efectiva de prevención y control. Para lograrlo, será clave reforzar la preparación global y garantizar una respuesta más equitativa ante futuras crisis, como evidenció la pandemia de COVID-19, donde la geopolítica sanitaria tuvo un papel determinante para establecer y fomentar áreas de influencia.*

*El proyecto de tratado en el que se ha estado trabajando se enfrentaba a un contexto internacional poco propicio para alcanzar el consenso debido a sus ambiciosos objetivos: regular el acceso a patógenos y el reparto justo de beneficios, prevenir pandemias con un enfoque de Una Salud, fortalecer la investigación global, facilitar la transferencia de tecnología, formar una fuerza laboral, capacitada y multidisciplinar para enfrentarse a emergencias sanitarias, establecer un mecanismo financiero coordinado, mejorar la resiliencia de los sistemas de salud y crear una red logística mundial. Todo ello buscaba y busca garantizar el acceso equitativo a vacunas, tratamientos y diagnósticos, promoviendo además la transparencia y el intercambio de información.*

*El panorama se complica con la anunciada salida de la OMS por parte de Estados Unidos y, en menor medida, Argentina, lo que exigirá, tal cual ha pedido la OMS, mayores contribuciones del resto de países. Las dificultades para lograr el consenso se han debido fundamentalmente a intereses nacionales y económicos enfrentados, así como a campañas de desinformación que, a través de redes sociales y medios, han tratado de generar un rechazo al tratado.*

### *Palabras clave:*

*Geopolítica, geopolítica sanitaria, Tratado de pandemias, desinformación, Organización Mundial de la Salud.*

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## Introduction

The meaning of the term «geopolitics» has changed over time. For example, the Dictionary of the Spanish Language of 2001, in its third definition, described geopolitics as «the science that seeks to base national or international politics on the systematic study of geographic, economic, racial, cultural, and religious factors». In contrast, the 2024 edition, in its fourth definition, defines it as «the study of the geographic constraints of politics».

Without intending to challenge the work of the Royal Spanish Academy and for establishing the argumentative line of this work. It is necessary to point out that the conceptual simplification present in the 2024 definition—even if only in its fourth sense—does not appear to account for the fundamental dimensions relevant to national security and the defense of a country's political interests. The geographical and political constraints cited in the second definition, while relevant, do not fully explain the complexity of geopolitics, which includes economic, cultural, religious, and racial factors, as was captured in the 2001 definition. Therefore, this work adopts the broader 2001 definition in order to analyse the intersection between health geopolitics and its relation to the pandemic treaty, which the Spanish government strongly supports<sup>1,2,3</sup>.

This choice between definitions is not arbitrary, as health geopolitics transcends strictly geographic constraints, incorporating the unequal distribution of healthcare resources, the economic capacities to respond to global emergencies, cultural differences in health perceptions, and religious or political tensions that may influence the adoption of international measures. The 2001 definition allows for the integration of all these factors, providing a more appropriate analytical framework for addressing issues such as the global response to pandemics and the development of international health policies, which

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All internet references were reviewed on May 21, 2025.

1 LA MONCLOA (2021) «*Sánchez defiende un Tratado Internacional para la prevención, detección precoz y gestión de futuras pandemias*» La Moncloa [pág. web]. Disponible en: <https://www.lamoncloa.gob.es/presidente/actividades/Paginas/2021/210521-sanchez-g20.aspx>

2 EFE. (2024) «*España quiere seguir trabajando por un Tratado sobre Pandemias global cuanto antes*» *Diario ABC (versión online)*. Disponible en: <https://www.abc.es/salud/espana-quiere-seguir-trabajando-tratado-sobre-pandemias-20240528190908-vi.htm>

3 MINISTERIO DE SANIDAD (2025). *Mónica García celebra la aprobación del Tratado de Pandemias: “Es un gran paso hacia el multilateralismo y la salud global”*. Pharma Market [pág. web] 20 mayo 2025. Disponible en: <https://www.phmk.es/politica-sanitaria/monica-garcia-celebra-la-aprobacion-del-tratado-de-pandemias-es-un-gran-paso-hacia-el-multilateralismo-y-la-salud-global>

have undoubtedly resulted in an international commitment to protect all populations, regardless of race, creed, or nationality<sup>4,5</sup>.

Health geopolitics studies: how public health issues intertwine with global power dynamics, and how these interactions affects health at both the national and international levels, considering how political decisions, health strategies, and resources are distributed and managed across different geographic contexts. This underscores the importance of the pandemic treaty, due to its geostrategic implications related to resource distribution and the fight against health inequalities within a framework of international cooperation<sup>6,7</sup>.

The COVID-19 pandemic cruelly exposed our vulnerability to future potential health emergencies. This is why, as the pandemic treaty advocates, we need a supranational commitment to react collectively and in an organized manner to be better prepared and more resilient. The treaty prioritizes public interest and aims to achieve international balance based on the principles of equity, inclusion, and transparency, ensuring universal and equitable access to diagnostics, vaccines, and medicines. This is the rationale for the need to amend Article 19 of the WHO Constitution, as well as revise the International Health Regulations<sup>8</sup>.

The treaty could be influenced by measures adopted by the Trump administration, particularly its decision to withdraw from the World Health Organization (WHO) and suspend international aid for disease control<sup>9</sup>. Added to this is the official declaration by

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4 PERSAUD, A., BHUGRA, D., & VALSRAJ, K. (2021) «*Understanding geopolitical determinants of health*» Bull World Health Organ 99(2), 166–168. doi:10.2471/BLT.20.254904

5 SOLER I LECHA, E. (2021) «*La geopolítica de la salud: una visión plural sobre el impacto internacional de la pandemia*». CIDOB [pág. web]. Disponible en: [https://www.cidob.org/sites/default/files/2024-06/07-16\\_EDUARD%20SOLER%20I%20LECHA.pdf](https://www.cidob.org/sites/default/files/2024-06/07-16_EDUARD%20SOLER%20I%20LECHA.pdf)

6 ORGANIZACIÓN MUNDIAL DE LA SALUD (2023) *Propuesta de texto de negociación del Acuerdo de la OMS sobre Pandemias*. Organización Mundial de la Salud [pág. web]. Disponible en: [https://apps.who.int/gb/inb/pdf\\_files/inb7/A\\_INB7\\_3-sp.pdf](https://apps.who.int/gb/inb/pdf_files/inb7/A_INB7_3-sp.pdf)

7 Organización Mundial de la Salud (2024) *Propuesta de Acuerdo de la OMS sobre Pandemias*. Organización Mundial de la Salud [pág. web]. Disponible en: [https://apps.who.int/gb/inb/pdf\\_files/inb9/A\\_inb9\\_3Rev1-sp.pdf](https://apps.who.int/gb/inb/pdf_files/inb9/A_inb9_3Rev1-sp.pdf)

8 VELÁSQUEZ, G. (2022). *¿Qué está en juego con el Tratado Internacional de Pandemias?* ISGlobal [pág. web]. Disponible en: [https://www.isglobal.org/documents/10179/10095533/48\\_COVID+Pandemic+Treaty+ES/132be2e1-189b-4cfc-a696-18d6d542c708](https://www.isglobal.org/documents/10179/10095533/48_COVID+Pandemic+Treaty+ES/132be2e1-189b-4cfc-a696-18d6d542c708)

9 ORGANIZACIÓN MUNDIAL DE LA SALUD (2025) Observaciones de la OMS sobre el anuncio de Estados Unidos de América de su intención de retirarse de la Organización. Organización Mundial de la Salud. [pág. web]. Disponible en: <https://www.who.int/es/news/item/21-01-2025-who-comments-on-united-states--announcement-of-intent-to-withdraw>

the Argentine government of its withdrawal from the WHO, citing «deep differences regarding the health management during the pandemic», as it claims that «WHO's prescriptions do not work because they are politically influenced and not based on science»<sup>10,11</sup>. This will undoubtedly influence the efforts of the remaining WHO member states in fulfilling their commitments and advancing shared projects.

The ultimate goal of this agreement is for the international community—led, though not ruled, by the WHO—to be capable of responding to future pandemics by improving preparedness through coordination, applying the «One Health» concept for better detection of potentially pandemic disease outbreaks, prioritizing prevention over reaction. This will enable early warning and response systems, strengthen the response to future pandemics, and enhance resilience at various response levels<sup>12</sup>.

## Health Geopolitics

The conceptual framework outlined above is closely related to the definition established by the World Health Organization (WHO) regarding public health security, which is described as «the proactive and reactive activities required to minimize the danger and impact of acute public health events that endanger the health of people across geographical regions and international boundaries»<sup>13</sup>. This initial definition evolved into what various authors consider global health. The concept generally involves considering the health needs of people across the entire planet, beyond the specific concerns of individual nations<sup>14</sup>.

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10 DEVANNA, C. (2025) *El Gobierno anunció la salida de la Argentina de la Organización Mundial de la Salud*. Diario La Nación (edición online). Disponible en: <https://www.lanacion.com.ar/politica/el-gobierno-anunciara-la-salida-de-la-argentina-de-la-organizacion-mundial-de-la-salud-nid05022025/>

11 BLANCO, D. (2025) *Qué implicancias tiene para la Argentina la salida de la Organización Mundial de la Salud*. Infobae [pág. web]. Disponible en: <https://www.infobae.com/salud/2025/02/05/que-implicancias-tiene-para-la-argentina-la-salida-de-la-organizacion-mundial-salud/>

12 CONSEJO EUROPEO (2024) *Un acuerdo internacional sobre la prevención y preparación ante pandemias*. Consejo Europeo [pág. web]. Disponible en: <https://www.consilium.europa.eu/es/policies/coronavirus-pandemic/pandemic-treaty/>

13 WORLD HEALTH ORGANIZATION (2024) *Health Security*. World Health Organization [pág. web]. Disponible en: [https://www.who.int/health-topics/health-security#tab=tab\\_1](https://www.who.int/health-topics/health-security#tab=tab_1)

14 SARQUÍS RAMÍREZ, D. J. (2021). *La salud y la seguridad nacional ante el COVID-19: reflexiones en torno a la gobernanza mundial para la salud global y la seguridad humana*. Revista de Relaciones Internacionales de la UNAM (140), 137-167.

From this perspective, health geopolitics refers to the study and analysis of how health and healthcare systems influence and are influenced by geopolitical factors<sup>15</sup>. This means that the concept examines how health policies, healthcare resources, and health crises can affect international relations and power dynamics between countries, either forcing or fostering the development of surprising alliances in the pursuit of gaining influence in a specific geographic area, as well as the development of global health tools. In this sense, the management and distribution of health products during the COVID-19 pandemic was a decisive factor in shaping preparedness and response strategies to the pandemic<sup>16,17,18</sup>.

This approach includes the establishment of influence strategies through which countries, by applying state policies, may use and implement health aid to increase their role on the international stage, while also seeking recognition and facilitating trade agreements—what has generally been referred to as «health diplomacy» or «humanitarian diplomacy». In this regard, Cuba is perhaps the most relevant example of how this kind of state policy creates and fosters areas of influence<sup>19,20</sup>.

In addition, the COVID-19 vaccine may be the clearest example of this assertion, as the use of the vaccine «as an instrument of power and status by the world's major powers». In a context referred to as vaccine geopolitics, has been a strategy employed by Russia, China, India, as well as Europe and the United States to, presumably and without doubt,

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15 GALLINAT, A. (2017) *Diplomacia de la salud: pasado, presente y futuro*. EuroHealthNet Magazine [pág. web]. Disponible en: <https://eurohealthnet-magazine.eu/es/health-diplomacy-a-thing-of-the-past-present-or-future/>

16 HORTAL-CARMONA, J, PADILLA-BERNÁLDEZ J, MELGUIZO-JIMENEZ M, AUSIN T, CRUZ PIQUERAS M ET AL. (2021) *La eficiencia no basta. Análisis ético y recomendaciones para la distribución de recursos escasos en situación de pandemia*. Gac. Sanit., 35(6), 525-533. <https://dx.doi.org/10.1016/j.gaceta.2020.07.006>

17 VILASANJUAN, R. (2021) *COVID-19: geopolítica de la vacuna, un arma para la seguridad global*. Real Instituto Elcano [pág. web]. Disponible en: <https://www.realinstitutoelcano.org/analisis/covid-19-geopolitica-de-la-vacuna-un-arma-para-la-seguridad-global/>

18 CORCIONE-NIETO, M. A., RAMÍREZ PEDRAZ, Y. (2023) *Seguridad sanitaria: una conceptualización inicial en el marco de la seguridad y defensa*. En J. A. Edgar Alexander Salamanca Rodríguez, Seguridad humana y construcción de patria en defensa de la vida: Seguridad sanitaria, ambiental y personal (Vol. II, págs. 307-324). Bogotá: ESDEG. <https://doi.org/10.25062/9786287602595.11>

19 FRANCE24 (2022) *La diplomacia humanitaria de Cuba, una política de Estado*. France24 [pág. web]. Disponible en: <https://www.france24.com/es/la-selecci%C3%B3n-de-arte-en-espa%C3%B1ol/20220521-cuba-medicina-diplomacia-humanitaria-medicos>

20 FEINSILVER, J. (2008) *Médicos por petróleo. La diplomacia médica cubana recibe una pequeña ayuda de sus amigos*. Nueva Sociedad, 18, 107-122.

position themselves differently in the post-pandemic world in a global race for leadership<sup>21,22</sup>.

The establishment of these influence strategies is directly related to:

- The strengthening of health security, which is based on the development of actions necessary to prevent and respond to acute threats that could endanger people's health across countries and borders. This is due to the many existing risks «from new and emerging infectious diseases to the increase in antimicrobial resistance (AMR). Climate change and the loss of nature also pose risks, as they weaken the natural ecosystems on which our health depends. The rise in international travel, political instability, and fragile health systems can exacerbate these threats»<sup>23</sup>
- In addition to disease outbreaks, health security is also linked to natural disasters and social inequalities. Therefore, it is essential to strengthen preparedness for all kinds of risks and threats, with the World Health Organization's goal for 2030 being to achieve universal health coverage. Achieving this objective will help improve global security by promoting a comprehensive approach that links sustainable development with equity in access to health<sup>24,25</sup>.
- In the borderless world we live in, international coordination is key to addressing the health threats we face (cross-border threats). In this regard, the European Commission, through the Health Emergency Preparedness and Response Authority (HERA), defines threats as those that can endanger life or seriously harm health. It also includes the potential for such threats to spread across Member States, ranging from pathogens with high pandemic potential to chemical,

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21 MOON, S., & ALONSO RUIZ, A. (2021) *La geopolítica de las vacunas contra el Covid-19*. Política Exterior [pág. web]. Disponible en: <https://www.politicaexterior.com/articulo/la-geopolitica-de-las-vacunas-contra-el-covid-19/>

22 MORILLAS, P. (2021) *Multipolaridad sanitaria: el uso geopolítico de la vacuna*. CIDOB [pág. web]. Disponible en: <https://www.cidob.org/publicaciones/multipolaridad-sanitaria-el-uso-geopolitico-de-la-vacuna>

23 GLAXOSMITHKLINE (2024) *Health security*. GlaxoSmithKline [pág. web]. Disponible en: <https://www.gsk.com/en-gb/responsibility/global-health-and-health-security/health-security/>

24 BBVA (2022) *¿Qué es la seguridad sanitaria y qué hace falta para lograr una cobertura universal?* BBVA [pág. web]. Disponible en: <https://www.bbva.com/es/sostenibilidad/que-es-la-seguridad-sanitaria-y-que-hace-falta-para-lograr-una-cobertura-universal/>

25 ORGANIZACIÓN PANAMERICANA DE LA SALUD (2023) *Cobertura sanitaria universal (CSU)*. Organización Panamericana de la Salud [pág. web]. Disponible en: [https://www.who.int/es/news-room/fact-sheets/detail/universal-health-coverage-\(uhc\)](https://www.who.int/es/news-room/fact-sheets/detail/universal-health-coverage-(uhc))

biological, radiological, and nuclear threats, as well as threats stemming from antibiotic resistance<sup>26</sup>.

- Identifying these threats is the first step in reducing external dependency by ensuring investments that allow for the development, production capacity, and expansion of manufacturing, procurement, and storage of medicines, diagnostic products and materials, medical devices, and personal protective equipment. As well as other health countermeasures in case they are needed to protect public health and health security regarding the availability of medical countermeasures in a crisis<sup>27</sup>.

In this context, it seems clear—at least for many countries, including Spain—that an international treaty on pandemics, such as the one proposed by the World Health Organization, becomes an urgent necessity to strengthen global health security and ensure a coordinated and equitable response to future crises<sup>28</sup>.

The treaty establishes clear regulatory frameworks and mechanisms for international cooperation that go beyond geopolitical power dynamics and prioritize the protection of public health worldwide. It will also contribute to reducing inequalities in access to critical health resources, foster transparency in the distribution of vaccines and medicines, and promote investment in local production and health response capacities. In this way, the treaty will act as a shield against cross-border threats, consolidating a global commitment to the development of more resilient, equitable, and prepared health systems to meet the

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26 COMISIÓN EUROPEA (2020) *Medicamentos asequibles, accesibles y seguros para todos: la Comisión presenta una Estrategia Farmacéutica para Europa*. Comisión Europea [pág. web]. Disponible en: [https://ec.europa.eu/commission/presscorner/api/files/document/print/es/ip\\_20\\_2173/IP\\_20\\_2173\\_ES.pdf](https://ec.europa.eu/commission/presscorner/api/files/document/print/es/ip_20_2173/IP_20_2173_ES.pdf)

27 COMISIÓN EUROPEA (2022) *Unión Europea de la Salud: la HERA presenta la lista de las tres mayores amenazas para la salud contra las que debemos prepararnos*. Comisión Europea [pág. web]. Disponible en: [https://ec.europa.eu/commission/presscorner/api/files/document/print/es/ip\\_22\\_4474/IP\\_22\\_4474\\_ES.pdf](https://ec.europa.eu/commission/presscorner/api/files/document/print/es/ip_22_4474/IP_22_4474_ES.pdf)

28 MINISTERIO DE SANIDAD (2021) *El Gobierno defiende la necesidad de poner en marcha un Tratado Internacional de Pandemias*. Ministerio de Sanidad [pág. web]. Disponible en: <https://www.sanidad.gob.es/gabinete/notasPrensa.do?id=5581>

challenges of an interconnected world—hence the support for the treaty from countries in the European Union, Africa, and Asia<sup>29,30,31,32,33</sup>.

The work assigned to the Intergovernmental Negotiating Body (INB) of the WHO at the beginning of 2021 has been hindered by critical sectors arguing that an international treaty on pandemics might be unnecessary or even counterproductive, given that multilateral agreements of this nature often face significant challenges in their implementation and effective compliance. Moreover, there is a risk that such treaties may reinforce existing inequalities by favouring the interests of more powerful countries to the detriment of those with less influence in international negotiations<sup>34</sup>.

The situation became even more complicated due to voices questioning—and continuing to question—the effectiveness of the organization, such as Italian senator Claudio Borghi, who urged Italy to withdraw from the WHO to regain national sovereignty, describing it as a «useless payroll factory» and criticizing its political influence and the high salaries of its staff.

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29 EFE, REUTERS (2021) *Líderes de 25 países apoyan tratado contra futuras pandemias*. DW [pág. web]. Disponible en: <https://www.dw.com/es/l%C3%ADderes-de-25-pa%C3%ADses-apoyan-tratado-mundial-contra-futuras-pandemias/a-57046019>

30 MINISTRY OF FOREIGN AFFAIRS OF THE PEOPLE'S REPUBLIC OF CHINA (2021) *Conferencia de Prensa Habitual Ofrecida el 30 de Noviembre de 2021 por Zhao Lijian, Portavoz del Ministerio de Relaciones Exteriores*. Ministry of Foreign Affairs of the People's Republic of China [pág. web]. Disponible en: [https://www.fmprc.gov.cn/esp/xwfw/lxjzdh/202112/t20211202\\_10461112.html](https://www.fmprc.gov.cn/esp/xwfw/lxjzdh/202112/t20211202_10461112.html)

31 ORGANIZACIÓN MUNDIAL DE LA SALUD (2021) *La Asamblea Mundial de la Salud acuerda poner en marcha un proceso para elaborar un acuerdo mundial histórico sobre prevención, preparación y respuesta frente a pandemias*. Organización Mundial de la Salud [pág. web]. Disponible en: <https://www.who.int/es/news/item/01-12-2021-world-health-assembly-agrees-to-launch-process-to-develop-historic-global-accord-on-pandemic-prevention-preparedness-and-response>

32 MINISTERIO DE SANIDAD (2023) *Miñones defiende la salud como eje de las políticas públicas en la Unión Europea*. Ministerio de Sanidad [pág. web]. Disponible en: <https://www.sanidad.gob.es/gabinete/notasPrensa.do?id=6260>

33 AGENCIA ESTATAL DE NOTICIAS DE AZERBAIYÁN (2024). *China apoya a OMS para continuar con negociaciones de acuerdo sobre pandemias*. Agencia Estatal de Noticias de Azerbaiyán [pág. web]. Disponible en: <https://azertag.az/es/xeber/china-apoya-a-oms-para-continuar-con-negociaciones-de-acuerdo-sobre-pandemias-3031238>

34 THE LANCET (2024) *The Pandemic Treaty: shameful and unjust*. The Lancet, 403, 781

Others argued that previous global initiatives, such as the International Health Regulations, already provided a sufficiently robust framework that should be optimized instead of creating new structures that could divert resources and attention<sup>35,36</sup>.

These actions, which reflected growing distrust toward the WHO — perceived by some as ineffective in its fight against the pandemic and overly influenced by China, or, in Borghi's words «a giant controlled by Bill Gates» — did not succeed in halting progress, as international cooperation prevailed in the face of global health challenges. It is also important to highlight that health systems must be strengthened at the national level as a fundamental part of the treaty, since the effectiveness of responses to epidemic or pandemic outbreaks largely depends on each country's internal capacity—something undoubtedly affected by the presence of conflicts that hinder national responses and the deployment of international aid<sup>37</sup>.

These opposing positions were behind the reason why negotiations were extended in May 2024 until the 78th World Health Assembly in May 2025. While also requesting the INB to continue working through regular meetings, as well as through informal and cross-sectoral contacts, to propose draft texts for the various articles related to pandemic prevention, technology transfer, sustainable financing, and relationships with other international agreements to enable consensus-building.

The atmosphere of those meetings did not bode well for a happy conclusion. In fact, during the twelfth round of negotiations on the INB pandemic agreement held in February 2025, WHO Director-General Dr. Tedros Adhanom declared, «It's now or never», noting, «interest and energy in the negotiations have diminished considerably after more than four years of discussions». He emphasized that «no country can protect itself alone» and that pandemic response is a responsibility shared by all nations—an already complex

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35 IM MÉDICO (2023) *La modificación del Reglamento Sanitario Internacional para adaptarlo a la próxima pandemia no estará listo hasta mediados de 2024*. IM Médico [pág. web]. Disponible en: <https://www.immedicohospitalario.es/noticia/41735/la-modificacion-del-reglamento-sanitario-internacional-para-adaptarlo.html>

36 RICO BARRERA, S. (2023) *OMS prepara actualización al Reglamento Sanitario Internacional*. consultorsalud [pág. web]. Disponible en: <https://consultorsalud.com/oms-prepara-actualiz-reglamento-sanitario-int/>

37 UNICEF. (2023) *Health Systems Strengthening An example of integrating SBC into a sector*. UNICEF [pág. web]. Disponible en: <https://www.sbcguidance.org/sites/default/files/2023-04/4-4-3%20Do%20-%20Health%20Systems%20Strengthening.pdf>

situation further complicated by the withdrawal of the United States from the WHO and its future disengagement from the treaty.

Tensions were also heightened by conflicting positions regarding the «One Health» approach, access to pathogens, and benefit sharing, in a world where multilateralism is believed to work, even if it is under siege. Hence, the call for concrete action to reinforce equity, integrity, and solidarity. Some parties involved in the negotiations raised the need for a «democratic vote to resolve the differences instead of continuing to dilute the text» or for the inclusion of «legal obligations to share technology and eliminate intellectual property barriers»<sup>38</sup>.

These pessimistic preliminaries were overcome during the thirteenth round of INB negotiations, held in April, thanks to the efforts of all involved parties—even overcoming the impact of the Trump administration’s decision, as well as to a lesser extent, that of President Milei to withdraw their countries from the WHO in criticism of its pandemic management. This collaborative effort enabled a consensus to be reached, particularly because the agreement emphasizes, among other elements<sup>39,40</sup>:

- Preservation of national sovereignty, meaning countries do not cede it to the WHO;
- The need to combat misinformation about the treaty.
- Enhancing preparedness to detect and respond to future epidemics or pandemics;
- Coordination with other countries in disease surveillance and all matters related to information sharing and coordinated response management. It also addresses: benefit-sharing.
- Building R&D capacities in geographically diverse regions; facilitating technology and knowledge transfer; establishing a supply chain (Global Supply and Logistics Network).

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38 Cullinan K. (2025) With 10 Days of Talks Left, It’s ‘Now or Never’ for Pandemic Agreement. Health Policy Watch [pág. web] Disponible en: <https://healthpolicy-watch.news/with-10-days-of-talks-left-its-now-or-never-for-pandemic-agreement/>

39 CHADWICK, L. (2024) ¿Por qué no se ponen de acuerdo los países para elaborar un tratado sobre pandemias y evitar los errores de la COVID? Euronews [pág. web]. Disponible en: <https://es.euronews.com/salud/2024/06/19/por-que-no-se-ponen-de-acuerdo-los-paises-para-elaborar-un-tratado-sobre-pandemias-para-ev>

40 CARABAÑA, J. (2024) Pinchazo de la OMS: el planeta seguirá sin un tratado contra las pandemias. La Razón (edición digital). Disponible en: [https://www.larazon.es/sociedad/pinchazo-oms-planeta-seguira-tratado-pandemias\\_20240602665c2a14e73ed600014ac8b8.html](https://www.larazon.es/sociedad/pinchazo-oms-planeta-seguira-tratado-pandemias_20240602665c2a14e73ed600014ac8b8.html)

- Mobilizing a skilled, multidisciplinary health workforce.
- Moreover, most importantly, creating a financial coordination mechanism.

To reach the consensus necessary to present the draft during the 78th World Health Assembly, the INB decided that the most debated issues, such as the Pathogen Access and Benefit-Sharing (PABS) system, would be included in annexes, to be addressed separately after the treaty's adoption. This strategy allowed the long-sought consensus to be achieved<sup>41</sup>. Once the treaty is adopted at the Assembly and becomes legally binding, each country must ratify it at the national level (according to their respective legislative processes). The treaty will enter into force one month after 60 countries have completed ratification<sup>42,43</sup>.

After the treaty is signed and ratified by the required number of countries, an uncertain period will begin, as the discussion of the annexes will require strong political commitment from nations. This will involve increasing their contributions to the WHO in a more equitable manner, based on their wealth level, to offset the reduction of U.S. financial support to essential programs<sup>44</sup>. This situation could weaken the response to health emergencies, result in the loss of scientific and technical leadership, and hinder the

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41 NACIONES UNIDAS (2025). *Los países finalizan un acuerdo histórico sobre pandemias*. Naciones Unidas [pág. web]. Disponible en: <https://news.un.org/es/story/2025/04/1538081>

42 ORGANIZACIÓN MUNDIAL DE LA SALUD (2025) *Órgano de Negociación Intergubernamental para redactar y negociar un convenio, acuerdo u otro instrumento internacional de la OMS sobre prevención, preparación y respuesta frente a pandemias Informe del Director General. Punto 16.2 del orden del día provisional A78/10 14 de mayo de 2025*. Organización Mundial de la Salud [pág. web]. Disponible en: [https://apps.who.int/gb/ebwha/pdf\\_files/WHA78/A78\\_10-sp.pdf](https://apps.who.int/gb/ebwha/pdf_files/WHA78/A78_10-sp.pdf)

43 ORGANIZACIÓN MUNDIAL DE LA SALUD (2025) *Resultado de las consultas oficiosas de los Estados Miembros Proyecto de resolución relativa al Acuerdo de la OMS sobre Pandemias. Punto 16.2 del orden del día provisional A78/10 Add.1 15 de mayo de 2025*. Organización Mundial de la Salud [pág. web]. Disponible en: [https://apps.who.int/gb/ebwha/pdf\\_files/WHA78/A78\\_10Add1-sp.pdf](https://apps.who.int/gb/ebwha/pdf_files/WHA78/A78_10Add1-sp.pdf)

44 LA GACETA DE LA BIOSFERA (2025). *El director de la OMS reclama más financiación: «O debemos rebajar nuestras ambiciones o debemos aumentar los fondos»* La Gaceta de la Biosfera [pág. web]. 20 de mayo de 2025. Disponible en: <https://gaceta.es/mundo/el-director-de-la-oms-reclama-mas-financiacion-o-debemos-rebajar-nuestras-ambiciones-o-debemos-aumentar-los-fondos-20250520-0245/>

deployment of vaccination and disease control campaigns in developing countries, further exacerbating regional imbalances<sup>45,46,47</sup>.

## Overcoming Challenges to Reach Final Consensus on the Pandemic Treaty

Numerous obstacles threatened the possibility of reaching a global consensus, which would not have been achieved without the support of states and the active participation of public and private organizations and institutions over the past four years. Among the main challenges were:

1. Diversity of National Interests: Countries have differing priorities, resources, and capacities in the field of public health, which made it difficult to establish an agreement that could satisfy all parties. One example is the «alleged» influence of China over the WHO, cited by the United States, as a reason for its withdrawal from the organization. This allegation may be «substantiated» by Taiwan's continued exclusion from the WHO, even as an observer. Such impositions highlighted the diversity of national interests that worked against the treaty<sup>48</sup>.

Among the cited priorities shaping countries' positions were the interests of the pharmaceutical industry, which in some cases appeared to prioritize the protection of private interests over the common good. In contrast, the so-called «Global South» countries-maintained positions focused on the defense of public health for all people and the public interest, rather than economic considerations. In this regard, an agreement was reached with respect to product distribution by companies, which would occur on «mutually agreed terms», without imposing mandatory donation requirements. Specifically, companies are encouraged to

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45 GALVIN G. (2025) *Los países de la OMS aprueban un tratado histórico para evitar otra pandemia como la del COVID-19*. Euronews [pág. web]. Disponible en: <https://es.euronews.com/salud/2025/05/20/los-paises-firman-un-tratado-mundial-sobre-pandemias-en-la-reunion-anual-de-la-oms-en-gine>

46 Mishra V. (2025). *Countries finalize historic pandemic agreement after three years of negotiations* World Health Organization [pág. web]. Disponible en: <https://news.un.org/en/story/2025/04/1162301>

47 World Health Organization (2025). *WHO Member States conclude negotiations and make significant progress on draft pandemic agreement*. World Health Organization [pág. web]. Disponible en: <https://www.who.int/news/item/16-04-2025-who-member-states-conclude-negotiations-and-make-significant-progress-on-draft-pandemic-agreement>

48 ROMERO, F. (2025) *¿Qué países del mundo se han retirado de la OMS?* BloombergLinea [pág. web] Disponible en: <https://www.bloomberglinea.com/actualidad/que-paises-del-mundo-se-han-retirado-de-la-oms/>

donate 10% of their production to the WHO during a pandemic and to offer another 10% at affordable prices<sup>49,50</sup>.

Digging deeper, the main obstacles to reaching an agreement appeared to be related to control over technological knowledge and distribution of available resources during pandemics—issues which aimed to correct the inequities and inefficiencies observed in the response to the COVID-19 pandemic<sup>51</sup>.

To further complicate matters, international political tensions, such as the war in Ukraine, seemed to reduce the likelihood of reaching an agreement—especially in a context where the global perception is that the pandemic is now behind us<sup>52</sup>.

One key area of intense discussion has been how to manage technology and capacity transfer. To this end, the treaty promotes technology transfer to developing countries, enabling more nations to produce their own medicines and vaccines. To achieve this objective, the expression «on mutually agreed terms» was used, avoiding the word «voluntary» to facilitate consensus.

2. National Sovereignty: One of the main criticisms of the treaty—presumably fuelled by disinformation campaigns spread through media outlets and social networks—was those individuals, organizations, and even countries perceived a threat in the draft text that was ultimately agreed upon<sup>53,54</sup>. To support their stance, critics claimed that the treaty would force countries to cede part of their sovereignty in matters of public health to an international entity, preferring instead to maintain

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49 VELÁSQUEZ, G. (2024) *Sin un tratado vinculante para prevenir futuras pandemias*. Le Monde Diplomatique (versión online). Disponible en: <https://mondiplo.com/sin-un-tratado-vinculante-para-prevenir-futuras>

50 KUPFERSCHMIDT K (2025). Global pandemic treaty finalized, without U.S., in 'a victory for multilateralism' Science (version online). Disponible en: <https://www.science.org/content/article/global-pandemic-treaty-finalized-without-us-victory-multilateralism>

51 ROMERO, R. (2024) *No hemos aprendido nada: 194 países no se ponen de acuerdo para aprobar un tratado pandémico*. Saludconlupa [pág. web] Disponible en: <https://saludconlupa.com/noticias/no-hemos-aprendido-nada-194-paises-no-se-ponen-de-acuerdo-para-aprobar-un-tratado-pandemico/>

52 BURKHALTER, D. (2022). *¿Tiene el mundo interés en una OMS más fuerte?* Cámara de Comercio y Turismo Dominicano Suiza [pág. web] Disponible en: <http://camaradominicosuiza.org/tiene-el-mundo-interes-en-una-oms-mas-fuerte/>

53 GENNARINI, S. (2023). *La amenaza burocrática de un nuevo tratado pandémico de la Organización Mundial de la Salud*. ZENIT [pág. web] Disponible en: <https://es.zenit.org/2023/08/25/la-amenaza-burocratica-de-un-nuevo-tratado-pandemico-de-la-organizacion-mundial-de-la-salud/>

54 SUÁREZ, J. (2023). *El acuerdo de pandemias no le dará un poder supraconstitucional a la OMS, como dicen en Facebook*. Colombiacheck.com [pág. web] Disponible en: <https://colombiacheck.com/chequeos/el-acuerdo-de-pandemias-no-le-dara-un-poder-supraconstitucional-la-oms-como-dicen-en>

control over individual freedoms and national policies and responses to pandemic events. Examples of such claims include:

«...the signing of this treaty will lead to the establishment of a technocracy which, under the guise of false biosafety, will completely eliminate freedom of expression and bring an end to democracies around the world...»<sup>55</sup>.

«...make no mistake: if the globalists get their way, they will centralize global health governance through a legally binding agreement...» «...the treaty's provisions would give the WHO authority to declare pandemics and manage health emergencies, overriding national policies...» «...we have a real opportunity to get ahead of our liberty-crushing enemies and stop this madness...»<sup>56</sup>.

«...Tell me what you deny, and I'll tell you what you're hiding: global censorship, the end of national sovereignty, a world government that everyone must obey, using health as an excuse for global tyranny, Christian-phobia... Yes, that's exactly what this is all about...»<sup>57</sup>.

«...In just a few days, Europe's health ministers will travel to Geneva for the final vote on the WHO Pandemic Treaty. A very dangerous agreement that would give the WHO the power to lock you down, censor you, and control you. The draft is finished. The text is closed. Only the vote remains...» «...They say it's for 'health.' But let's be clear: this is about power. Global, centralized power in the hands of unelected bureaucrats...»<sup>58</sup>.

One of the most aggressive and unfounded accusations about the treaty—mainly circulated on social media—was the claim that the WHO would be allowed to deploy UN troops to carry out mandatory vaccination campaigns if a country refused to cooperate.

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55 DOMÈNECH, M. (2023) *Razones para decir no al Tratado Internacional de Pandemias*. Naiz [pág. web] Disponible en: <https://www.naiz.eus/es/iritzia/articulos/razones-para-decir-no-al-tratado-internacional-de-pandemias>

56 CITITENGO. (2023). *Urgente: ¡ALTO al Tratado de Pandemia AHORA! citengo* [pág. web] Disponible en: <https://cititengo.org/es-lat/ot/212355-urgente-alto-al-tratado-pandemia-ahora>

57 LÓPEZ, E. (2023). OMS. *Todo el poder para el marxista Tedros Adhanom*. Hispanidad.com [pág. web] Disponible en: [https://www.hispanidad.com/sociedad/oms-todo-poder-marxista-tedros-adhanom\\_12044984\\_102.html](https://www.hispanidad.com/sociedad/oms-todo-poder-marxista-tedros-adhanom_12044984_102.html)

58 FERNÁNDEZ I. (2025) *Di NO al Tratado de Pandemias HAZTEOIR.ORG* [pág. web] 14 mayo 2025. Disponible en: [https://cititengo.org/hazteoir/ot/15484-Di-NO-al-Tratado-de-Pandemias?utm\\_medium=shared&utm\\_campaign=HO-2025-05-12-Local-NA-PGO-15466-Di\\_no\\_al\\_tratado\\_de\\_pandemias\\_versionB.03\\_AA\\_Relaunch\\_1&utm\\_source=wa&ref=138280191](https://cititengo.org/hazteoir/ot/15484-Di-NO-al-Tratado-de-Pandemias?utm_medium=shared&utm_campaign=HO-2025-05-12-Local-NA-PGO-15466-Di_no_al_tratado_de_pandemias_versionB.03_AA_Relaunch_1&utm_source=wa&ref=138280191)

Related to this were false claims suggesting the treaty would lead to a loss of individual rights, supposedly through the mandatory use of a vaccine passport, and the imposition of compulsory vaccination, when in fact the treaty merely aims to ensure equitable distribution of vaccines and medicines<sup>59</sup>.

In response to these falsehoods circulating online and, in the media, official statements and fact checking by public and private entities, including the WHO itself, had limited impact. These authorities consistently stated that national sovereignty was protected, as health decisions remain under the jurisdiction of each country. In fact, the treaty does not grant the WHO the authority to impose mandatory measures such as lockdowns, compulsory vaccination, or—under the International Health Regulations—the closing of borders<sup>60,61,62,63</sup>.

3. Economic Inequalities: Disparities between developed and developing countries were seen as potential sources of conflict regarding financing, equitable access to vaccines and treatments, and resources for implementing preventive and response measures. To address this, the treaty promotes the establishment of a globally coordinated supply chain network for health emergencies.

In this regard and taking the COVID-19 pandemic as a reference, the treaty is expected to respond to the needs of low-income countries, enabling them to make risk-based investments in vaccine and treatment production to ensure rapid access. For this reason, international financial institutions face the challenge of

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59 HERNÁNDEZ, N. (2023) *Los certificados de vacunación en las futuras pandemias: ¿Serán mundialmente obligatorios?* ConSalud.es [pág. web] Disponible en: [https://www.consalud.es/politica/certificados-vacunacion-futuras-pandemias-mundialmente-obligatorios\\_134064\\_102.html](https://www.consalud.es/politica/certificados-vacunacion-futuras-pandemias-mundialmente-obligatorios_134064_102.html)

60 JARAMILLO, C. (2023). *Borrador del 'Tratado para pandemias' de la OMS reafirma la soberanía de las naciones para dictar políticas de salud.* FactCheck.org [pág. web] Disponible en: <https://www.factcheck.org/es/2023/03/scicheck-borrador-del-tratado-para-pandemias-de-la-oms-reafirma-la-soberania-de-las-naciones-para-dictar-politicas-de-salud/>

61 EFE. (2023). *OMS asegura que posible tratado antipandemias no restará soberanía a Estados.* swissinfo.ch [pág. web] Disponible en: [https://www.swissinfo.ch/spa/salud-pandemias\\_oms-asegura-que-posible-tratado-antipandemias-no-restar%C3%A1-soberan%C3%ADa-a-estados/48386384](https://www.swissinfo.ch/spa/salud-pandemias_oms-asegura-que-posible-tratado-antipandemias-no-restar%C3%A1-soberan%C3%ADa-a-estados/48386384)

62 CANO U. (2025) *La OMS aprueba un tratado sobre pandemias que pisotea la soberanía de las naciones y desarrollará «sistemas globales de vigilancia»* La Gaceta de la Biosfera [pág. web] Disponible en: <https://gaceta.es/mundo/la-oms-aprueba-un-tratado-sobre-pandemias-que-pisotea-la-soberania-de-las-naciones-y-desarrollara-sistemas-globales-de-vigilancia-20250521-0110/>

63 PARRA S. (2025) *Los países de la OMS aprueban un histórico tratado de pandemias.* National Geographic [pág. web] 20 de mayo de 2025. Disponible en: [https://www.nationalgeographic.com.es/ciencia/paises-oms-aprueban-historico-tratado-pandemias-garantizara-que-podamos-proteger-mundo-futuras-amenazas-pandemicas\\_25087](https://www.nationalgeographic.com.es/ciencia/paises-oms-aprueban-historico-tratado-pandemias-garantizara-que-podamos-proteger-mundo-futuras-amenazas-pandemicas_25087)

revising their credit management policies, and the treaty proposes the creation of an international financial support mechanism to address this<sup>64</sup>.

4. Transparency and Data Sharing: Resistance to sharing epidemiological and public health data—due to alleged concerns over privacy, national security, and economic competition—could limit the effectiveness of the treaty. In this context, non-governmental organizations and independent experts criticized the European Union’s proposal, which advocated for enhanced cooperation and international solidarity to share information about pathogens and participate in the benefits generated from such data, aiming to ensure greater equity in responding to public health threats<sup>65</sup>.

Delving deeper into this point, the EU’s proposed approach to the pandemic treaty was heavily criticized for allegedly undermining international solidarity and increasing global inequality. It was perceived to break the link between access to pathogen data and genetic sequences, meaning that countries sharing this information would not necessarily benefit from its use, thereby exacerbating inequities<sup>66</sup>.

Fortunately, the establishment of the Pathogen Access and Benefit Sharing (PABS) system will enable countries to share information about pathogens while being guaranteed fair access to vaccines, medicines, and diagnostics in return. In addition, the system promotes technology transfer, so that more countries can manufacture vaccines and pharmaceuticals.

5. Compliance and Oversight of the Treaty: Establishing effective mechanisms to ensure that countries comply with the terms of the treaty is a major challenge—especially in the absence of a global authority with the power to enforce regulations. This raised questions about the treaty’s legal nature, as well as the mechanisms to guarantee compliance. Additionally, there was criticism—arguably

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64 GLENNERSTER, R. (2024) *La financiación que necesitan los países en desarrollo para afrontar la próxima pandemia*. El País (edición digital). Disponible en: <https://elpais.com/planeta-futuro/2024-05-22/la-financiacion-que-necesitan-los-paises-en-desarrollo-para-afrontar-la-proxima-pandemia.html>

65 BUSTAMANTE, A. (2024) *Propuesta de la Unión Europea para el tratado pandémico incrementaría la desigualdad*. Acción Internacional para la salud – Perú [pág. web] Disponible en: <https://aisperu.org.pe/propuesta-de-la-union-europea-para-el-tratado-pandemico-aumentaria-la-desigualdad/>

66 SHASHIKANT, S. (2024) *Nueva propuesta de la UE para el tratado pandémico retrocede* THW Third World Network Berhad [pág. web] Disponible en: [https://twn.my/title2/intellectual\\_property/info.service/2024/ip240101.htm](https://twn.my/title2/intellectual_property/info.service/2024/ip240101.htm)

debatable—about the lack of transparency and the limited participation of civil society throughout the treaty’s development and in its accountability processes, not to mention the controversial role of the WHO as the authority responsible for guiding and coordinating international pandemic responses, among other concerns<sup>67</sup>.

6. Financial Commitments: Ensuring adequate and sustainable funding for the implementation of the treaty’s proposed measures could prove problematic, as it will require significant commitments from countries and international organizations, especially involving the private sector, particularly the pharmaceutical industry. This issue proved critical in failing to reach the consensus initially required to sign the agreement—especially regarding «...access to and sharing of benefits [of technologies, vaccines, or treatments], vaccine stockpile volumes, certain health and prevention issues, and others related to financing...»<sup>68</sup>..

Any of these challenges, either individually or in combination, could have prevented the Pandemic Treaty from coming to light, whether due to conflicting economic interests or the complexities inherent in negotiating international agreements on such a critical issue as global health. In this context, political, economic, and social differences did not ultimately block the achievement of a broad and effective consensus that allows the world to prepare for future pandemics.

Fortunately, WHO Member States have approved a resolution to adopt a historic global agreement—the WHO Pandemic Agreement—with 124 votes in favor, zero against, and 11 abstentions, including Poland, Israel, Italy, Russia, Slovakia, and Iran. The goal is to strengthen pandemic preparedness, prevention, and response, while promoting equity, international cooperation, and fair access to health products<sup>69,70</sup>.

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67 LARIOS RISCO, D. (2023). *Luces y sombras del tratado mundial de la OMS contra las pandemias*. Acceso Justo al Medicamento [pág. web] Disponible en: <https://accesojustomedicamento.org/luces-y-sombras-del-tratado-mundial-de-la-oms-contra-las-pandemias/>

68 BLANCO, PR. (2024) *Claves de la negociación del “crucial” acuerdo sobre pandemias: “Hay que terminarlo para salvar a la humanidad”*. El País (edición digital). Disponible en: <https://elpais.com/planeta-futuro/2024-05-29/claves-de-la-negociacion-del-crucial-acuerdo-sobre-pandemias-hay-que-terminarlo-para-salvar-a-la-humanidad.html>

69 WORLD HEALTH ORGANIZATION (2025) *Member States approve WHO Pandemic Agreement in World Health Assembly Committee, paving way for its formal adoption*. World Health Organization [pág. web] 19 mayo 2025 Disponible en: <https://www.who.int/news/item/19-05-2025-member-states-approve-who-pandemic-agreement-in-world-health-assembly-committee--paving-way-for-its-formal-adoption>

70 GARAY J. (2025) 124 países miembros de la OMS firman Acuerdo de Pandemias, un tratado histórico que prepara al mundo para la siguiente crisis sanitaria. WIRED [pág. web]. 20 de mayo de 2025. Disponible

## Conclusions

Health geopolitics is not limited to geographical constraints; it also encompasses the distribution of resources, economic capacities, cultural differences, and political and religious tensions. One only must consider the “vaccine geopolitics” to confirm this.

Health geopolitics is key to understanding the inequalities in the response to global crises, and it is therefore crucial that a pandemic treaty be seen as a fundamental and high-priority tool for enabling a more coordinated and equitable response to pandemic events. However, political resistance, economic interests, and disinformation are significant obstacles that could hinder its effective implementation.

The pandemic treaty has overcome major challenges, primarily stemming from the diverse national interests, especially between so-called “rich” and “poor” countries. Its adoption marks a step forward in reducing economic disparities regarding access to vital health resources necessary to combat disease outbreaks.

The withdrawal of the United States and to a lesser extent Argentina, from the WHO—as well as the abstention of countries such as Italy, Russia, and Iran in the vote that approved the agreement—illustrates how national political decisions can influence global health governance. Such actions could further undermine international cooperation and response capacity in health emergencies, particularly if other key countries follow suit and fail to ratify the treaty, representing a worst-case scenario.

The treaty establishes a comprehensive and coordinated global framework to effectively prevent and respond to future pandemics, through equitable access to resources, international cooperation, strengthening of scientific and health capacities, and fair benefit sharing.

In an interconnected world, it is essential to strengthen global health security through international agreements that ensure equitable access to diagnostics, vaccines, and

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en: <https://es.wired.com/articulos/124-paises-miembros-de-la-oms-firman-acuerdo-de-pandemias-un-tratado-historico-que-prepara-al-mundo-para-la-siguiente-crisis-sanitaria>

treatments. The role of the WHO and the European Union, including Spain, is especially noteworthy in promoting mechanisms for global cooperation.

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