We, Heads of State and Government and representatives of States and Governments, assembled at the United Nations on 25 September 2026, with a continued focus on pandemic prevention, preparedness and response, affirm that pandemics call for timely, strong and committed leadership and national, regional and international collaboration, cooperation, global solidarity and multilateral commitment among Member States and with relevant United Nations entities and other relevant international and regional organizations, to implement coherent rapid and robust actions driven by science and the need to prioritize equity and the respect for human rights; recognize the progress made since 2023; and remain concerned that the world is still insufficiently prepared and needs to strengthen capacities to prevent, prepare for, respond to and mitigate the impact of future pandemics;

Therefore we:

1. Welcome the adoption by the World Health Assembly at its seventy-eighth session of the World Health Organization Pandemic Agreement and at its seventy-seventh session, the amendments to the International Health Regulations (2005), which strengthen the pandemic prevention, preparedness and response legal framework, and look forward to a timely conclusion of negotiations led and driven by Member States on the Pathogen Access and Benefit-Sharing Annex to the World Health Organization Pandemic Agreement;

2. Recall the political declaration of the high-level meeting of the General Assembly on pandemic prevention, preparedness and response in 2023;

3. Recognize that States bear the primary responsibility for the health and well-being of their peoples, and that States are fundamental to strengthening pandemic prevention, preparedness and response**;**

4. Reaffirm the right of every human being, without distinction of any kind, to the enjoyment of the highest attainable standard of physical and mental health and with full respect for their dignity, human rights and fundamental freedoms;

5. Recognize that health is a precondition for, an outcome, and an indicator of all three dimensions -economic, social and environmental- of sustainable development and the implementation of the 2030 Agenda for Sustainable Development and that, despite progress made, challenges in global health, including major inequities and vulnerabilities within and among countries, regions and populations, still remain and demand persistent and urgent attention;

6. Reaffirm General Assembly resolution 69/313 of 27 July 2015 on the Addis Ababa Action Agenda of the Third International Conference on Financing for Development, which reaffirmed strong political commitment to address the challenge of financing and creating an enabling environment at all levels for sustainable development in the spirit of global partnership and solidarity**,** as well as General Assembly resolution 79/323 of 25 August 2025 on the Sevilla Commitment of the Fourth International Conference on Financing for Development;

7. Reaffirm that global health security and universal health coverage are dependent on resilient health systems capable of early warning, surveillance and laboratory systems, effective risk communication and community engagement, coordinated emergency preparedness and response and, safe and scalable care, ensuring access to medical countermeasures, supported by a competent health workforce;

8. Deeply concerned by the inequities at national and international levels that hindered timely and equitable access to health products to address coronavirus disease (COVID-19), and recognizing the need to address serious shortcomings at the national, regional and global levels in prevention, preparedness, response and health system recovery for public health emergencies of international concern, including pandemic emergencies;

9. Recognize that the international spread of disease is a global threat with serious consequences for lives, livelihoods, societies and economies that calls for the widest possible international and regional collaboration, cooperation and solidarity with all people and countries, especially developing countries, and notably Least Developed Countries, Landlocked Developing Countries and Small Island Developing States, in order to ensure an effective, coordinated, appropriate, comprehensive and equitable international response, while reaffirming the principle of the sovereignty of States in addressing public health matters;

10. Further recognize the need to build and maintain international cooperation and trust within and among countries, to prioritize equity and to strengthen sustained political will to build on the lessons learned and best practices from the coronavirus disease (COVID-19) pandemic and other recent outbreaks and health emergencies, including by scaling-up capacities in a sustainable manner and to ensure strengthened global pandemic prevention, preparedness and response;

11. Recognize that the COVID-19 pandemic, health and humanitarian emergencies, disasters caused by natural hazards, climate change, extreme weather events, conflicts and that the increasing debt challenges have strained macroeconomic conditions and fiscal capacity, especially for developing countries, and directly impacted health and well-being and introduced additional pressures on national prevention, preparedness and response and health system recovery efforts;

12. Express concern at the continued emergence and re-emergence of epidemic-prone diseases and recognize that pandemics have a disproportionate impact on developing countries as well as people living with co-morbidities, underlying chronic conditions, communicable and noncommunicable diseases, mental health conditions, older persons, people living in poverty, people living in rural areas, women and girls, children, Indigenous Peoples, local communities, people of African descent, migrants, refugees, internally displaced persons and persons with disabilities, as well as those in vulnerable situations, with repercussions on health and development gains;

13. Express deep concern also about the profound disruptions caused by pandemics on education systems, particularly the prolonged closure of schools, and recognize the urgent need to mitigate learning loss and ensure that children do not fall behind or are left behind in their education and development;

14. Recognize that tuberculosis remains one of the world's leading infectious diseases disproportionately affecting people in vulnerable situations and strengthening tuberculosis prevention, diagnosis, treatment, care and support contributes to capacities for pandemic prevention, preparedness, and response;

15. Emphasize that political commitment, leadership, collaboration across countries and regions, cooperation and coordination beyond the health sector are essential for pandemic prevention, preparedness and response;

16. Recognize that community protection, well-being, readiness and resilience must be at the center of efforts to prepare for, prevent, respond to and recover from health emergencies, including through community engagement and social participation, workforce training, risk communication and infodemic management to guide priority actions;

17. Acknowledge the importance of public health and social measures in controlling, and preventing the spread of infectious diseases, especially those with epidemic and pandemic potential, and the importance of expanding the scientific and evidence base to inform the implementation of public health and social measures that are targeted, effective, equitable, adapted to local contexts, and proportionate to the type, scale and severity of the risk while minimizing their adverse consequences;

18. Recognize the fundamental role of primary health care in achieving universal health coverage, as was declared in the Declaration of Alma-Ata of 1978 and the Declaration of Astana on primary health care of 2018, and further reaffirming the importance of primary health care as an effective and efficient approach to enhancing people's physical and mental health, as well as social well-being, noting the need to unite efforts through the Global Coalition on Primary Health Care to take coordinated action in delivering high-quality, safe, integrated and accessible health services at the primary care level, including in remote geographical regions or in areas difficult to access;

19. Also recognize the need to involve women, youth, people with disabilities, and older people in planning and decision-making, and the need to ensure that during health emergencies, health systems ensure the delivery of and the universal access to health care services, including strong routine immunization, mental health and psychosocial support, trauma recovery, and maternal, newborn and child health;

20. Acknowledge the importance to develop, strengthen, protect, safeguard, retain and invest in a multidisciplinary, skilled, adequate, trained, health and care workforce to prevent, prepare for and respond to health emergencies, including in humanitarian settings, while maintaining essential health care services and essential public health functions at all times and during pandemic emergencies;

21. Acknowledge that preventing and preparing for future global health and pandemic emergencies calls for multisectoral collaboration, among Member States and with relevant United Nations entities, especially the World Health Organization, international financial institutions and relevant intergovernmental, international and regional public health organizations, civil society, private sector, academia and philanthropies, to implement robust global, regional, national and local responses in accordance with the Charter of the United Nations and States' obligations under international law;

22. Recognize the value of an integrated One Health approach that fosters cooperation between the human health, animal health and plant health, as well as environmental and other relevant sectors to prevent spillover of pathogens from animals to humans by addressing the drivers of disease outbreaks;

23. Recognize that strong pandemic prevention requires understanding, monitoring and addressing drivers of infectious disease emergence and spread, including strengthened infection prevention and control, water, sanitation and hygiene, occupational health measures to reduce infections, including the emergence, reemergence and spread of zoonotic and other infections and

action on antimicrobial resistance through multisectoral collaboration, as part of resilient health systems;

24. Recognize the sovereign right of States over their biological resources and the importance of collective action to mitigate public health risks, and underscoring the importance of promoting the rapid and timely sharing of "materials and sequence information on pathogens with pandemic potential" and, on an equal footing, the rapid, timely, fair and equitable sharing of benefits arising from the sharing and/or utilization of Materials and sequence information on pathogens with pandemic potential for public health purposes;

25. Underscore the need for coherence, complementarity and mutual supportiveness among relevant legal instruments and frameworks including the WHO Pandemic Agreement, amended International Health Regulations (2005), the Convention on Biological Diversity and its Nagoya Protocol on Access to Genetic Resources and the Fair and Equitable Sharing of Benefits Arising from their Utilization, and the Pandemic Influenza Preparedness Framework, as well as relevant guidance, which may include the Bangkok Principles for the implementation of the health aspects of the Sendai Framework for Disaster Risk Reduction 2015-2030**]**, and also mindful of the work being undertaken in other relevant areas and by other United Nations and multilateral organizations or agencies;

26. Recognize the need to support developing countries in building expertise in developing local, national and regional research, innovation, manufacturing, production and regulatory capacities by building on lessons learned from technology transfer hubs and intellectual property-sharing mechanisms, while further enabling the increased use of health technologies and the digital transformation of health systems and acknowledging the importance of existing international efforts performed in this regard;

27. Acknowledge that diversified, sustainable, strengthened local, national and regional research, development and production capacities of vaccines, therapeutics, diagnostics and other relevant health products are critical to advance equitable, timely and affordable access to prevent and respond to pandemic emergencies and other health emergencies;

28. Recognize the critical role of international collaboration and cooperation in research and development of safe, quality, and effective vaccines, therapeutics and diagnostics as well as the important role of alternative financing mechanisms as a driver of innovation that facilitates equitable and affordable access to new tools and other results to be gained through research and development;

29. Recognize further the important role played by the private sector and public-private partnerships in research and development of innovative medicines;

30. Recognize the importance of building trust and ensuring the timely sharing of accurate science and evidence-based information to prevent misinformation, disinformation and stigmatization;

31. Welcome the positive changes in response to the lessons learned from the COVID-19 pandemic and other recent outbreaks and health emergencies, and while acknowledging that despite this progress, the current pandemic prevention, preparedness and response architecture remains fragmented, with competing initiatives, inadequate coordination, misaligned priorities, and lack of clarity on responsibilities, while acknowledging the efforts of the World Health Organization, the

wider UN system and global and regional health initiatives to strengthen international cooperation and institutional coordination;

32. Acknowledge that preventing future global health emergencies and pandemics call for continued leadership, multilateral commitment and collaboration among Member States and with relevant United Nations entities and other relevant international organizations, as well as relevant stakeholders, to implement robust prevention, preparedness and response measures at the global, regional, national and local level, and recognize the role of the World Health Organization, as the directing and coordinating authority on international health work in accordance with its constitution, on global health matters within the broader United Nations response;

33. Express concern that despite some progress in financing pandemic prevention, preparedness and response, the international financial architecture remains fragmented, underfunded and overly reliant on development financing, underlining that investment in prevention and preparedness reduces the cost of health emergencies and strengthens the foundations of health systems, and acknowledge that more needs to be done with regard to the scope and coordination of current financing mechanisms;

34. Underscore that States bear the responsibility to invest domestic resources as the primary source of health financing in pandemic prevention, preparedness and response in accordance with national priorities and context, and that a quick and coordinated response dramatically reduces the costs of controlling disease outbreaks and emergencies, as well as wider social and economic impacts;

35. Recognize that health financing requires global solidarity and collective effort and urge Member States to strengthen international cooperation to support efforts to build and strengthen capacity in developing countries, including through enhanced official development assistance and financial and technical support and support to research, development and innovation programmes;

36. Recognize that the World Health Organization Contingency Fund for Emergencies is an essential tool that provides resources that are needed immediately to scale up operations, often in 24 hours or less, to save lives, ensure the continuity of critical operations and respond rapidly to disease outbreaks and health emergencies, and stress the relevance and importance of its adequate, sustained and predictable funding to rapidly surge effective and equitable responses;

37. Acknowledge the uniqueness and contribution of the Pandemic Fund to finance critical investments to strengthen national, regional and global pandemic prevention, preparedness and response capacities with a focus on low-and middle-income countries and recall the urgent need to close the $15 billion annual preparedness gap;

38. We therefore restate our commitment to scale up, promote and strengthen pandemic prevention, preparedness and response and to translate political commitment into concrete, measurable and urgent action across the following priority areas:

39. Enhance multisectoral capacity, including through improving coordination and collaboration through a whole-of-government, whole-of-society approach at the national and community levels;

40. Strengthen and sustain effective and inclusive community engagement in health-related decisions across the system as appropriate, taking into consideration national priorities and context;

41. Ensure high-level attention through a multisectoral approach and develop multisectoral national, and where appropriate regional, pandemic prevention, preparedness and response plans, in a transparent and inclusive manner, promoting collaboration with relevant stakeholders to respond to the broader social and economic disruptions caused by health emergencies and pandemics, which disproportionately affect persons in vulnerable situations;

42. Mainstream gender equality into all policies and programmes, including budgetary responses, and commit to strengthening women's full, equal, and meaningful participation in leadership and decision-making at all levels of pandemic prevention, preparedness and response and other health emergency governance;

43. Ensure, by 2030, universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes, which is fundamental to the achievement of universal health coverage, while reaffirming the commitments to ensure universal access to sexual and reproductive health and rights in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences;

44. Strengthen prevention measures that address the root causes and drivers of emerging and re-emerging infectious diseases including zoonotic diseases, and enable coordinated, early and effective interventions, including through strengthening coordinated early warning and surveillance, laboratory capacity and risk assessment, infection prevention and control, vaccination, water, sanitation and hygiene (WASH), antimicrobial stewardship, public health and social measures and multisectoral risk reduction measures including disaster risk management, and by leveraging best practices and lessons learned;

45. Promote a One Health approach for pandemic prevention, preparedness and response, recognizing that the health of people is interconnected with animal health and the environment, that is coherent, integrated, coordinated and collaborative among the Quadripartite organizations, all other relevant organizations, sectors and actors, as appropriate, in accordance with national and/or domestic law, and applicable international law, and taking into account national circumstances;

46. Invest in country readiness and resilient health systems, as core pandemic prevention, preparedness and response infrastructure, anchored in universal health coverage and a primary healthcare approach that ensures access to essential health services, including those for routine immunization, communicable and non-communicable diseases, as well as through accelerating efforts to end the global epidemics of HIV/AIDS, tuberculosis and malaria;

47. Strengthen mental health and psychosocial support as a critical function of pandemic and other health emergency preparedness and response at the national, regional, and international levels;

48. Promote innovative incentives for health research and development through transparent partnerships among the public sector, private sector and academia, while strengthening needs-driven, science and evidence-based public health research and development guided by transparency, safety, affordability, effectiveness, efficiency and equity as well as leveraging public funding to promote equitable, effective, efficient and timely access to medical countermeasures and considering different levels of development among countries**;**

49. Promote increased access to affordable, safe, effective and quality medicines, including generics, vaccines, diagnostics and health technologies, reaffirming the World Trade Organization Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement) as amended, and also reaffirming the 2001 World Trade Organization Doha Declaration on the TRIPS Agreement and Public Health, which recognizes that intellectual property rights be interpreted and implemented in a manner supportive of the right of Member States to protect public health and, in particular, to promote access to medicines for all, and note the need for appropriate incentives in the development of new health products;

50. Reaffirm the right to use, to the fullest extent, the provisions contained in the World Trade Organization Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement), which provides flexibilities for the protection of public health and promotes access to medicines for all, in particular for developing countries, and the World Trade Organization Doha Declaration on the TRIPS Agreement and Public Health, which recognizes that intellectual property protection is important for the development of new medicines and also recognizes the concerns about its effects on prices, while noting the discussions in the World Trade Organization and other relevant international organizations, including on innovative options to enhance the global effort towards the production and timely and equitable distribution of vaccines, therapeutics, diagnostics and other health technologies, including through local production;

51. Promote investments in geographically diversified regional research and development and manufacturing capacities, as well as skills development and local production capacities with the aim of scaling up the availability of safe, quality, effective, equitable affordable and accessible vaccines, therapeutics and diagnostics within the first 100 days of a pandemic threat;

52. Encourage Member States to strengthen local and regional production and distribution capacities to scale up pandemic-related health products, and North-South and South-South cooperation, in line with national priorities and needs, including on health services and pharmaceutical production, as appropriate, including through the promotion of sustainable regional supply chains and South-South and triangular cooperation, taking into account regionally-driven initiatives that are locally resonant and globally aligned, taking into account regional targets including for local production;

53. Reiterating the need to work towards building and strengthening resilient health systems, with adequate numbers of skilled, trained and protected health and care workers to respond to pandemics, to advance the achievement of universal health coverage, particularly through a primary health care approach; and the need to adopt an equitable approach to mitigate the risk that pandemics exacerbate existing inequities in access to health care services and health products;

54. Take appropriate measures with the aim to develop, recruit, strengthen, protect, safeguard, and invest in a multidisciplinary, skilled, adequate, trained, health and care workforce, in

accordance with respective capacities and national context, as well as their retention to prevent brain drain from developing countries, to prevent, prepare for and respond to health emergencies including through continuous professional development, capacity-building initiatives, including with the WHO Academy and other collaboration platforms to enhance workforce competencies, preparedness and resilience while maintaining essential health care services and essential public health functions at all times and during pandemic emergencies;

55. Ensure decent work and a safe and healthy environment for other essential workers who provide essential public goods and services during pandemic emergencies, taking into account national circumstances, including measures to develop and implement coordinated policies for the safety and protection of transport and supply chain workers, as appropriate, by facilitating the transit and transfer of seafarers and transport workers, among others, and their access to medical care;

56. Maintain, strengthen, and, where necessary, renew the commitment to domestic action, regional and international cooperation, multilateralism and ensure global solidarity, coordination and governance at the highest political levels, through agile systems that are well coordinated and deliver resources equitably, transparently and in a timely manner, based on public health risk and need, recognizing that global health security ultimately depends on collective action and shared responsibility;

57. Strengthen the implementation of the International Health Regulations (2005), recall the adoption by the World Health Assembly at its seventy-eighth session of the World Health Organization Pandemic Agreement, look forward to a timely conclusion of negotiations led and driven by Member States on the Pathogen Access and Benefit-Sharing Annex to the World Health Organization Pandemic Agreement, and the subsequent signature and ratification of the Agreement;

58. Review and consolidate, where appropriate, under the leadership of the World Health Organization and in close coordination with relevant institutions, existing pandemic prevention, preparedness and response tools, assessments and data, in order to avoid duplication, reduce reporting burden, promote interoperability, develop simpler action-oriented plans, and provide clear guidance and technical support to States;

59. Take measures to counter and address the negative impacts of health-related misinformation, disinformation, including countering vaccine hesitancy and to foster trust in public health systems and authorities, by increasing public health education, literacy and awareness, including through the use of digital health tools;

60. Strengthen objective, science- and evidence-based monitoring, driven by country priorities and focusing on national and local capacities, to improve efficiency, accountability and effectiveness for continuous improvement of capacities and forecasting risks for pandemic prevention, preparedness, response and health systems recovery;

61. Mobilize sustainable resources, and scale up as needed, for pandemic prevention, preparedness and response through domestic, bilateral and multilateral channels, including international cooperation and official development assistance, as appropriate, and continue exploring voluntary innovative financing mechanisms and partnerships, including with the private sector, to advance action at all levels;

62. Strengthen, sustain and align domestic financing for effective pandemic prevention, preparedness and response, in accordance with national priorities and capacities to reinforce health sovereignty, reduce aid dependency, and maximize impact;

63. Reaffirm our commitments to increase investment in universal health coverage and inclusive, equitable, affordable, resilient and quality health systems as the foundation of pandemic prevention, preparedness and response and develop and implement policies and reforms that address fragmentation and promote coherent health financing systems;

64. Operationalize the Coordinating Financial Mechanism to strengthen coordination among existing global health financing frameworks, to support developing, strengthening and expanding capacities for pandemic prevention, preparedness and response, and contribute to the prompt availability of surge financing necessary especially for response, and coordinating and aligning the separate health emergency funding sources that are often fragmented, slow, and uneven;

65. Reverse the trend of declining global health spending and commit further to sustainable financing that provides adequate and predictable funding to the World Health Organization, which enables it to have the resources needed to fulfill its core functions;

As a follow-up to the present political declaration, we:

66. Request the Secretary-General to provide, in consultation with the World Health Organization, and other relevant agencies, a report during the eighty-fifth session of the General Assembly reviewing the implementation of this declaration and recommending follow-up actions, including considerations for a future high-level meeting on pandemic prevention, preparedness and response;