

COMMUNITY PAPER

Priorities for the 2026 UN High-Level Meeting on Pandemic Prevention, Preparedness, and Response

A Community Paper of the Global Health Hub Germany Community on Pandemic Prevention and Biosecurity

Background of this Paper

Over the course of 2026, the Pandemic Prevention and Biosecurity Hub Community engaged with the German Federal Ministry of Health (MoH/BMG) to develop policy recommendations for the Political Declaration of the United Nations (UN) High-Level Meeting (HLM) on Pandemic Prevention, Preparedness, and Response (PPPR) on 25 September 2026. As the HLM process has consolidated overarching points for the declaration, the Hub Community has specified priorities to ensure that political commitment on these overarching issues indeed results in improved PPPR. The Hub Community has communicated these technical recommendations to BMG to inform their input into the HLM PPPR Political Declaration formulation process. This paper outlines those priorities in relation to the “silent procedure” draft of the UN HLM on PPPR declaration.

About the authors

The policy paper reflects the results of the discussions in the Hub Community. Written contributions to this policy paper were made by: Dr. med. Benedikt Thelen, Dr. Emil N. Iftekhar, Dr. Jeffrey Mecaskey, Yasmin Cürük

Introduction

In 2023 the first [UN HLM on PPPR](#) affirmed that effective pandemic prevention, preparedness and response calls for timely, urgent and continued leadership, global solidarity, increased international cooperation, and multi-lateral commitment. It was also agreed to convene a second HLM on PPPR in 2026 to undertake a comprehensive review of implementation progress since the 2023 declaration. Member States will meet on 25 September 2026 in New York to adopt a declaration that aims to leverage political consensus and accelerate the implementation of the WHO Pandemic Agreement, as well as finalization of the Pathogen Access and Benefit-Sharing (PABS) Annex.

In parallel with our engagement with BMG on our criteria, analysis and policy recommendations, we tracked external developments such as the extended PABS negotiations and the UN Interactive Multi-Stakeholder Hearing in June. More recently we reviewed the “silent procedure” draft of the Political Declaration in August. Largely consistent with what is needed to advance Pandemic Agreement implementation including PABS finalization, the draft declaration underscores four major themes:

1. Strengthening global solidarity and national sovereignty in financing, technology transfer and intellectual property;
2. Institutionalizing One Health and PPPR into all policies with emphasis

on preparedness including systems and human resources;

3. Increasing timely access to counter-measures consistent with the 100 Day Mission Framework, including regional production capabilities;¹ and,
4. Establishing a mechanism and standards for coordinating and monitoring progress in pandemic agreement implementation.

In our consideration of translational policy priorities for BMG around the Political Declaration, we also considered Germany’s advantage in PPPR as domains it would champion. For Germany, this means using its political, technical, and diplomatic leverage to consolidate PPPR around three mutually reinforcing pillars: stronger governance, more disciplined coordination, and a genuinely all-hazards approach that integrates infectious disease threats, antimicrobial resistance, climate-sensitive risks, disaster risk reduction, health security and health system resilience.

¹ International Pandemic Preparedness Secretariat. 100 Days Mission [Internet]. London: International

Pandemic Preparedness Secretariat; [cited 2026 Sep 16]. Available from: <https://ippsecretariat.org/>

Germany's Comparative Advantage in PPPR

Germany's comparative advantage in PPPR is reflected in its role establishing the [WHO Hub for Pandemic and Epidemic Intelligence](#), its sustained political and financial **support to WHO**, and its active engagement with regional, multilateral, and bilateral partners. It has also actively linked health security explicitly to the [Sendai Framework](#), thereby positioning preparedness not only as a health-sector obligation but as a core element of resilience, security, and sustainable development.

Germany has also been instrumental in advancing the institutionalization of the **One Health approach** recognizing that the threats we face - pandemics, antimicrobial resistance, food safety, biodiversity loss, and climate change - do not respect borders between species, sectors, or nations. To realize One Health in practice, however, Germany must help

lead the translation of shared norms and standards into stronger intersectoral coordination, interoperable systems, and incentives structures to make effective intersectoral collaboration the default rather than the exception.

Germany continues to support the adoption, financing, and operationalization of the [WHO Pandemic Agreement](#) and its Pathogen Access and Benefit Sharing (PABS) Annex, the [amended IHR](#), the outcomes of the [UN AMR HLM](#), the [2023 UN HLM on PPPR](#), as well as the [EU Global Health Strategy](#).

Germany's comparative advantage here lies less in adding new initiatives and more in mobilizing political will among partners who have signed on to these commitments but lack the technical support, institutional capacity, or domestic political cover to act on them.

Policy Recommendations for PPPR

These policy recommendations reflect our assessment of key priorities in translation of global commitments into improved PPPR and their priority for Germany in deploying its diplomatic capital, technical credibility, and convening power. The first group represents "legacy" comparative advantage while the second group represents "emergent" urgencies. Rather than putting forward new obligations,

these recommendations focus on ensuring that existing commitments efforts realize their potential benefits in practice.

Building on comparative advantage

Antimicrobial resistance²

In our current context, there is a vital priority to underscore measures related to antimicrobial resistance as an

² United Nations General Assembly. A/RES/78/3: Political declaration of the General Assembly high-level meeting on pandemic prevention, preparedness and response. New York: United Nations; 2023. paras. 25, 70; World Health

Organization. WHA78.1: WHO Pandemic Agreement. Geneva: WHO; 2025. art. 4; European Commission. COM(2022) 675 final: EU Global Health Strategy. Brussels: European Commission; 2022. Guiding principle 11.

integral component of PPPR per Sendai, encouraging full integration into National Action Plans for Health Security (NAPHS).

In line with Sendai, address specific antimicrobial resistance risk in planning and financing, including implementation of outcomes of the 2024 UN HLM on antimicrobial resistance.

Global network of pathogen surveillance³

In our current context, there is a vital priority to reaffirm the importance of coordinated One Health surveillance to detect emerging pathogens with pandemic potential and strengthen international cooperation among existing systems, including academic institutions, national public health institutes, inter alia for a global network of pathogen surveillance. Surveillance is an integral component of ensuring the timely development of medical countermeasures during a health emergency, which is why comprehensive surveillance infrastructure is crucial.

We must advocate for increased support for the International Pathogen Surveillance Network hosted by WHO, facilitating knowledge exchange and capacity building, including guidance documents and trainings for sequencing capabilities and sequence data management in low- and middle-income countries, to strengthen pathogen-agnostic detection capabilities for early warning against novel pathogens with pandemic potential.

Leading on emergent urgencies

Engineered pathogens⁴

It is a central priority to reinforce PPPR to include deliberately engineered and accidental biological threats per Sendai as recognized pandemic risk categories, integrate biosafety, biosecurity, and dual-use research governance as core components of preparedness frameworks, and expand the multisectoral approach to include security, intelligence, and science and technology governance communities.

It is important to recall the commitment to address deliberate biological threats in national preparedness plans, consistent with [The Convention on the Prohibition of the Development, Production and Stockpiling of Bacteriological \(Biological\) and Toxin Weapons and on their Destruction](#).

Open access to data⁵

Given the current global context, it is vital to commit to strengthening the key role of open access to data to enable research and development by, amongst others, national public health institutes and academic researchers and through publicly funded research. Ensuring that open access is fair and equitable will allow for an effective PABS system and PPPR foresight, including the rapid development of vaccines, therapeutics, and diagnostics (including point-of-care diagnostics) across the One Health spectrum. Open access to data will also inform international collaboration and cooperation in

³ United Nations General Assembly. A/RES/78/3: Political declaration of the General Assembly high-level meeting on pandemic prevention, preparedness and response. New York: United Nations; 2023. paras. 11, 20, 42, 58, 68; World Health Organization. WHA78.1: WHO Pandemic Agreement. Geneva: WHO; 2025. art. 4; European Commission. COM(2022) 675 final: EU Global Health Strategy. Brussels: European Commission; 2022. Guiding principle 10.

⁴ United Nations General Assembly. A/RES/78/3: Political declaration of the General Assembly high-level meeting on

pandemic prevention, preparedness and response. New York: United Nations; 2023. paras. 19, 57.

⁵ United Nations General Assembly. A/RES/78/3: Political declaration of the General Assembly high-level meeting on pandemic prevention, preparedness and response. New York: United Nations; 2023. para. 12; World Health Organization. WHA78.1: WHO Pandemic Agreement. Geneva: WHO; 2025. art. 12; European Commission. COM(2022) 675 final: EU Global Health Strategy. Brussels: European Commission; 2022. Guiding principle 5.

research, development and innovation, both prior to and during pandemics and other health emergencies, per Sendai Framework.

Stockpiling personal protective equipment ⁶

Given recent experience, it is crucial to commit to developing and maintaining stockpiles of pathogen-agnostic personal protective equipment (PPE) and other infection prevention and control materials sufficient to provide sustained protection to all essential workers from the onset of an emergency and incorporate adequate PPE stockpiling into national pandemic preparedness plans, as well as strengthen the trust of essential workers in the quality and correct use of their protective equipment.

Define and protect the essential workforce ⁷

Learning from past emergencies, we must commit to extending PPPR plans, emphasizing the aforementioned PPE stockpiling and training, to all essential workers - including health and care workers, food supply, energy, transportation, law enforcement, and other workers whose continued functioning is critical to societal stability during a pandemic or other health emergency - recognizing that societal collapse driven by essential worker absenteeism represents a distinct and under-addressed pandemic risk. Member States should establish national frameworks defining the categories of essential workers covered under pandemic preparedness plans.

A call for continued multilateral cooperation

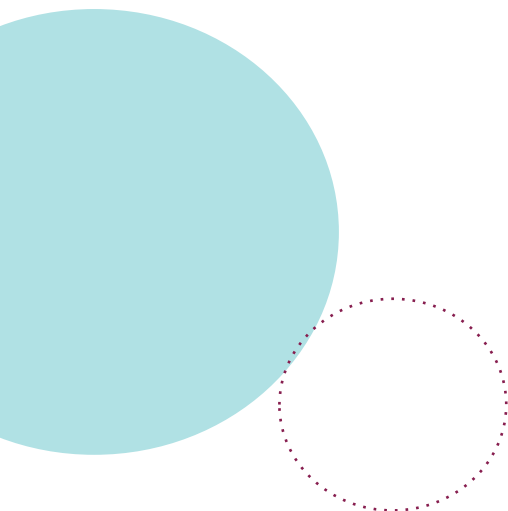
Strong PPPR is a foundation of national sovereignty. It helps governments protect their people, make decisions based on the best available evidence, and act with accountability and responsibility. As each Member State sets out its own priorities, its choices are stronger when supported by shared norms, trusted science, and practical cooperation across borders. We need a WHO that is stronger, more agile, and better equipped for the world ahead, working alongside complementary global health institutions under a coherent global health architecture. This means helping WHO focus its normative role, support countries when they need assistance, and

strengthen the multilateral architecture needed to cooperate effectively against current and future threats. Our changing world order makes effective cooperation imperative. A credible Pandemic Agreement and effective PABS system, a fit-for-purpose WHO, and a rules-based PPPR architecture enable member states to take faster, better informed, more legitimate, and more effective action. This approach is consistent with the Pandemic Agreement adopted by the World Health Assembly in May 2025, which underscores the very sovereignty of each member state. It also reflects Germany's commitment to a multilateral system built on clear norms, shared

⁶ United Nations General Assembly. A/RES/78/3: Political declaration of the General Assembly high-level meeting on pandemic prevention, preparedness and response. New York: United Nations; 2023. paras. 25, 47-49; World Health Organization. WHA78.1: WHO Pandemic Agreement. Geneva: WHO; 2025. art. 13.

⁷ United Nations General Assembly. A/RES/78/3: Political declaration of the General Assembly high-level meeting on pandemic prevention, preparedness and response. New York: United Nations; 2023. paras. 15, 47-49, 53; World Health Organization. WHA78.1: WHO Pandemic Agreement. Geneva: WHO; 2025. art. 7.

standards, and cooperation that enables every Member State to meet its responsibilities in the public interest.



Purpose of this Paper

Over the course of 2026, the Pandemic Prevention and Biosecurity Hub Community engaged with the German Federal Ministry of Health (BMG) to develop policy recommendations for the Political Declaration of the United Nations (UN) High-Level Meeting (HLM) on Pandemic Prevention, Preparedness, and Response (PPPR) on 25 September 2026. The declaration aims to leverage political consensus and accelerate Pandemic Agreement implementation including the Pathogen Access and Benefit-Sharing (PABS) Annex. As the HLM process has consolidated overarching points for the declaration, the Hub work with the German Government MoH (BMG) has specified translational priorities to ensure that political commitment on these overarching issues indeed results in improved PPPR. This paper outlines those priorities in relation to the recent “silent procedure” draft of the UN HLM on PPPR declaration.

About the Global Health Hub Germany

The Global Health Hub Germany offers all individuals and institutions active in the field of global health the opportunity to connect in an independent network across eight different stakeholder groups: International organisations, youth, politics, foundations, think tanks, business, science, and civil society. The members of the Hub work together on current issues of global health. The interdisciplinary exchange generates themes, issues and solutions that the Hub brings to policymakers to support informed policy-making and advance in global health. Founded in 2019, the Hub now has around 2.500 members. For more information visit www.globalhealthhub.de.

About the Hub Communities

The Hub Communities are working groups led by the members of the Global Health Hub Germany themselves. They meet regularly to exchange ideas, share expertise and work together on global health issues. If you would like to join a Hub Community or learn more about their work, contact our office: info@globalhealthhub.de.

Published by:

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Version:

September/2026

Supported by:



on the basis of a decision
by the German Bundestag

Annex (additional detail for points above)

Global network of pathogen surveillance

Pathogen genomic surveillance, the monitoring and analysis of the pathogen genetic material, *inc.* viruses, bacteria, fungi, and parasites, aims to understand their pathogen genetic makeup and evolution, human transmission and health consequences. Used widely during the COVID-19 pandemic, genomic surveillance supported tracking and prediction of viral evolution and informed efforts used across diseases to inform public health outcomes and prepare for future pandemics and epidemics.

Art. 4 of the WHO Pandemic Agreement highlights the urgency of strengthening surveillance with a One Health approach in mind. Recognizing that resources are scarce and that capacities are globally unevenly distributed, strengthening the global network will support better response by facilitating requisite partnerships, knowledge and skill transfer (UN HLM resolution 2023 Art. 11, 20, 42, 58, 68).

Hosted by the WHO Hub for Pandemic and Epidemic Intelligence, the International Pathogen Surveillance Network (IPSN) is a global network for enhancing the impact of pathogen genomic actors. Convening global actors, the IPSN brings a commitment to international cooperation and equity, and deep expertise in genomics data and technologies or scale-up of surveillance systems. While it is taking first steps towards ensuring genomic surveillance globally, the ideal of pathogen-agnostic surveillance is far away with the limited resources it has. "Pathogen-agnostic" surveillance refers to approaches, where vigilance includes attention to pathogens one does not already expect, *e.g.*, instead of searching only for expected pathogens, one remains receptive to unexpected pathogens. This is especially important in detecting novel pathogens that could spark future outbreak events. The IPSN requires further strengthening to achieve the vision of such global pathogen genomic surveillance in a cost-effective way.

Additionally, genomic and pathogen-agnostic surveillance depends on a functioning chain from sample collection to laboratory confirmation – a link that is often overlooked in surveillance debates focused on sequencing and data. With the discontinuation of PEPFAR support in 2025, functional sample transport systems enabling confirmatory diagnostics ceased to operate in many low- and middle-income countries, leaving a critical and immediate gap in an already fragile architecture. This is not primarily a question of technology or tech transfer, but of restoring basic functional capacity – a gap that is global, not country- or donor-specific. The ongoing filovirus outbreak in the Democratic Republic of Congo, underscores the urgency of rapid laboratory confirmation for outbreak control. Hence, a sustainable integration of this capacity in global and national strategies would be beneficial.

Engineered pathogens

Article 57 of the 2023 UN HLM resolution highlights the multifaceted causes of pandemics and the need to address them across sectors. Before modern biotechnology, only nature could engineer pathogens. Evolution has repeatedly shown a formidable capacity to produce infectious agents. Variola major and Yersinia pestis, which cause smallpox and plague, respectively, shaped parts of human history. Recent advances in AI and biotechnology now make it possible to engineer new viruses and bacteria. Advances in AI and synthetic biology also create major opportunities. They can deepen understanding of disease-causing agents and support new therapeutics and diagnostics. Yet these breakthroughs also carry serious risks. Actors could recreate

some of the worst pathogens in history even without access to natural sources. Engineered microbes may also exceed the destructive potential of evolved pathogens if designed to be more transmissible or more lethal. Such agents could create an unprecedented pandemic threat. Regulatory frameworks for potentially hazardous research must therefore reflect current capabilities and address emerging biosecurity concerns.

Stockpiling personal protective equipment

The COVID-19 pandemic exposed a structural flaw in global pandemic preparedness: the absence of pre-positioned, pathogen-agnostic personal protective equipment at the scale needed to protect all essential workers from the first days of an event. When supply chains for PPE collapsed in early 2020, high-income and low-income countries alike found themselves competing on spot markets, accepting substandard products, and making allocation decisions under acute political pressure — often too late to prevent significant exposure among health workers. The lesson is not that the world lacked manufacturing capacity, but that it lacked a buffer at the critical moment when no alternative sourcing was possible. The 2023 UN HLM Political Declaration acknowledged this risk, committing Member States to prioritized and timely access to PPE for health workers (Arts. 47, 48) and recognizing infection prevention and control measures — of which PPE is a core instrument — as a crucial aspect of pandemic preparedness (Art. 25). Yet these commitments remain without an operational mechanism: only pre-positioned stocks can guarantee timely access under surge conditions when global supply chains sourcing options face disruption. The WHO Pandemic Agreement reinforces this imperative through its provisions on the Global Supply Chain and Logistics Network for equitable access to pandemic-related health products (Art. 13). Unlike vaccines or therapeutics, high-quality respiratory PPE is pathogen-agnostic: the same certified respirator for an influenza outbreak is equally effective against a novel coronavirus or an engineered pathogen. This makes stockpiling uniquely vital as a preparedness investment — it allows timely deployment while retaining utility for future events of pandemics across pathogens.

Define and protect essential workforce

Equally important, and still largely absent from international health governance discourse, is the question of who counts as an essential worker. The 2023 UN HLM Political Declaration only includes explicit protections to health and care workers (Arts. 15, 47, 48, 49, 53). The WHO Pandemic Agreement builds on this foundation in Article 7, committing States to a safe and healthy work environment for health and care workers as well as other essential workers — while leaving the definition of which occupations qualify to national authorities. This gap in definition is itself a preparedness risk. The whole of society approach required for effective response entails mobilizing people and systems beyond health *per se*: food supply, energy production, water and sanitation, transportation, law enforcement, and public administration must continue functioning. Sustaining core societal functions in the event of a pandemic prerequisites staff preparation and PPE stockpiling, with the linked aim of bolstering trust in the system. A 2026 political recognition for the whole of the essential workforce being necessary for responding to the next pandemic would guide Member States in establishing preparedness plans including a whole of society approach.