ICN
International
Council of Nurses

Mariângela Batista Galvão Simão
UN Special Rapporteur on the Right to Health

19 October 2026

Re: Nursing, health workers and an equitable Pandemic Agreement: ICN's concerns ahead of the November PABS negotiations

Dear Special Rapporteur Simão,

We write on behalf of the International Council of Nurses (ICN), which represents the world's 30 million nurses through over 140 National Nurses Associations.

Please accept our warm congratulations on your appointment as Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. ICN values the opportunities we have had to contribute evidence and nursing perspectives under the mandate of the Special Rapporteur, including through calls for input issued during the tenure of your predecessor, Dr Tlaleng Mofokeng, and we look forward to supporting your work.

This letter raises our concerns regarding the continuing delays in operationalizing the WHO Pandemic Agreement and their implications for the right to health, in advance of the ninth meeting of the Intergovernmental Working Group, 2–13 November 2026, at which Member States will continue negotiations on the Pathogen Access and Benefit-Sharing (PABS) Annex.

The adoption of the Agreement in 2025 demonstrated what is possible when governments come together in pursuit of a common public health objective. However, more than six years after the emergence of COVID-19, the world is still waiting for the Agreement to become fully operational, a process which depends on the finalization of the PABS Annex. We are also disappointed that UN Member States were unable to reach consensus on a Pandemic Declaration during the

recent United Nations General Assembly High-Level discussions. This lack of consensus risks sending a troubling message that the political resolve generated by COVID-19 is weakening, at a time when health systems remain under severe pressure. The stalled Agreement has gravely concerning implications for the fulfilment of the right to health, including for the nursing and health workforce and vulnerable groups.

While we recognize the complexity of these negotiations, every month without an effective and functioning pandemic framework leaves the world more vulnerable to the next health emergency. The COVID-19 pandemic exposed profound inequalities in global health resources, preparedness and response. It also demonstrated the devastating human cost of collective failure. At least 115,000 health workers lost their lives, and millions more experienced burnout, trauma, moral distress and long-term consequences for their health and wellbeing.

Inequitable access to vaccination was a particularly stark example of this failure. In September 2021, ICN's analysis of WHO data from nine African countries found that only 10% of healthcare workers were fully vaccinated and around one third had received no vaccine doses at all. At this time, nurses and other frontline health workers in some low-and-middle-income countries (LMICs) were still waiting for their first dose even while general-population vaccination coverage in certain high-income countries was estimated to have reached around 60–70%. Despite the world's stated commitments to prioritize health workers, access to lifesaving vaccines too often depended on where they lived rather than the risks they faced.

This experience underlines why the PABS Annex is of direct concern to nurses and the wider health workforce. The sharing of pathogen materials and information must be accompanied by timely and fair access to the vaccines, therapeutics and diagnostics developed from them. A fair and effective PABS system should help prevent a repetition of the situation in which frontline workers in LMICs remained unprotected while wealthier countries were able to extend vaccine programmes to lower-risk groups. A strong Agreement and PABS Annex must support the timely protection of health workers in every country, protecting both their own right to health and ensuring the continuity of essential services that protect the right to health of the general population.

Unequal access to health products during COVID-19 also contributed to preventable illness and death in the general population as well as disrupting essential health services and deepening existing inequalities within and between countries. Recurring infectious disease threats, including current Ebola outbreaks, remind us that the next major health emergency is not a distant possibility. Preparedness cannot be postponed until the next crisis arrives.

Pandemic preparedness must include a sustained commitment to investment in the health workforce and in the protection of health workers' right to physical and mental health, including through sufficient and equitably distributed personal protective equipment, vaccines, psychosocial support and safe working conditions.

ICN has continually called for the Agreement and PABS Annex to promote fair and equitable access to vaccines, therapeutics, diagnostics and other health technologies for all people, no matter where they are. Lower-income and vulnerable countries must not face delayed, unaffordable or inadequate access to vital medications and equipment while they are expected to share pathogen materials and information. ICN has noted the concerns recently raised with the Special Rapporteur by several civil society organizations regarding the human rights implications of continued delays in agreeing and implementing a fair and transparent framework that safeguards equitable access.

As Special Rapporteur on the right to health, you are acutely aware that health security and human rights are mutually reinforcing, and that pandemic preparedness grounded in health equity is fundamental to the realization of the right to health, including the rights of the health workforce. ICN respectfully calls on you to further examine the right-to-health implications of delays in operationalizing the Pandemic Agreement and current PABS negotiations, including in relevant reporting. We further encourage you to use your mandate to urge all negotiating parties to approach the November session with renewed determination, flexibility and a shared commitment to finalizing a just PABS Annex.

ICN stands ready to support you throughout your mandate by providing nursing and health-workforce perspectives, relevant evidence and frontline testimony from our network of more than 140 National Nurses Associations.

Thank you for your attention to this urgent matter. We look forward to working with you to advance the right to health and to ensure that the experiences and sacrifices of nurses, health workers and communities during COVID-19 lead to meaningful and lasting change.

Yours sincerely,



Dr. José Luis Cobos Serrano
President
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Howard Catton
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