

Data Sharing Must Evolve Towards Data Sovereignty

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The COVID-19 pandemic exposed critical weaknesses in global health governance, prompting the development of the WHO Pandemic Agreement. This Agreement, adopted in May 2025, aims to enhance pandemic preparedness and equity, but its effectiveness is challenged by geopolitical divisions and sovereignty concerns.^{1,2}

KEY TAKEAWAYS

- **The Pivot:** The WHO Pandemic Agreement, adopted in May 2025, seeks to establish legally binding commitments for pandemic preparedness, equity, and international solidarity.^{1,2}
- **The Data:** The Agreement's effectiveness may be compromised by vague language, unresolved issues, and the absence or abstention of influential states.^{1,2}
- **The Action:** Clinicians should be aware that while the Agreement represents a step forward, its practical implementation faces challenges related to national sovereignty and varied national capacities.^{1,2}

The COVID-19 pandemic revealed significant deficiencies in global health governance. In response, the World Health Assembly formally adopted the WHO Pandemic Agreement in May 2025. This Agreement aims to address shortcomings identified in the 2005 International Health Regulations by establishing legally binding commitments. These commitments are intended to enhance pandemic preparedness, promote equity, and foster international solidarity.^{1,2} However, the negotiation process for the Pandemic Agreement encountered deep geopolitical divisions, which have raised concerns regarding its legitimacy and enforceability. Key provisions within the Agreement include improved surveillance mechanisms, enhanced data sharing protocols, protection for healthcare workers, and equitable access to medical countermeasures.^{1,2}

Challenges to Implementation

Despite its objectives, the effectiveness of the Pandemic Agreement may be compromised by several factors. These include vague language within its text, unresolved issues from the negotiation phase, and the absence or abstention of influential states during its adoption. Implementation is further challenged by political fragmentation, persistent concerns over national sovereignty, and disparities in national capacities among member states.^{1,2}

The success of the Agreement is contingent upon sustained political will, the establishment of robust accountability mechanisms, and meaningful national adoption. Ongoing debates, such as those concerning the precise definition of a 'pandemic' and the WHO's limited enforcement powers, underscore the inherent tension between multilateral cooperation and national sovereignty.^{1,2}

While the Pandemic Agreement represents a significant step forward in global health governance, it is not presented as a panacea. Its potential lies in its capacity to catalyse coordinated global action, provided it is supported by genuine

commitment and adaptive governance. As the world anticipates future health threats, the Pandemic Agreement must evolve into a practical tool for resilience, equity, and collective security.^{1,2}

One critical area requiring significant evolution within the framework of the Pandemic Agreement, and indeed global health governance more broadly, is data sharing. While the Agreement emphasizes enhanced data sharing protocols, the current paradigm often falls short of ensuring equitable benefit and addressing concerns around data ownership and control. The traditional model of data sharing, often unidirectional from lower-income to higher-income countries, can exacerbate existing power imbalances and raise ethical questions regarding the commercial exploitation of shared data without commensurate returns for the originating populations.

Towards Data Sovereignty: A Paradigm Shift

The concept of data sovereignty offers a potential pathway to address these imbalances. Data sovereignty posits that data, particularly health data, generated within a specific jurisdiction or by a particular community, should be subject to the laws and governance frameworks of that jurisdiction or community. This shifts the focus from mere data sharing to a more robust framework of data governance, where the originating entities retain greater control over how their data is collected, stored, accessed, and utilized. For clinical intelligence, this means moving beyond simple data transfer to establishing clear, mutually beneficial agreements that define data use, intellectual property rights, and benefit-sharing mechanisms.

Implementing data sovereignty in a global health context presents complex challenges, including establishing interoperable data standards, developing robust legal frameworks that respect diverse national laws, and building capacity in data governance within all member states. However, the benefits are substantial. By empowering countries and communities to assert greater control over their health data, data sovereignty can foster trust, encourage more comprehensive data submission, and ensure that the benefits derived from shared data, such as the development of new diagnostics, therapeutics, or vaccines, are equitably distributed. This approach aligns with the Pandemic Agreement's stated goals of promoting equity and international solidarity, moving beyond a reactive data sharing model to a proactive, rights-based approach.

Future directions for the Pandemic Agreement and related global health initiatives must therefore prioritize the development of concrete mechanisms for achieving data sovereignty. This includes investing in digital infrastructure and data governance training in low- and middle-income countries, establishing transparent and accountable data stewardship models, and exploring innovative legal and ethical frameworks for data ownership and benefit sharing. Without such a fundamental shift, the promise of enhanced data sharing risks perpetuating existing inequities and undermining the long-term effectiveness of global health preparedness and response efforts. The evolution from data sharing to data sovereignty is not merely a technical adjustment but a necessary ethical and political transformation to build a truly equitable and resilient global health architecture.

CLINICAL IMPLICATIONS

The WHO Pandemic Agreement, while a necessary evolution in global health policy, presents a complex landscape for clinicians. The stated aim of improved data sharing is laudable, yet the geopolitical friction and sovereignty concerns highlighted in the papers suggest that seamless, equitable data flow remains an aspiration rather than an immediate reality. Clinicians relying on rapid, comprehensive data during future health crises may find themselves navigating the same fragmented information environment that characterised the early stages of COVID-19, despite the Agreement's existence. The practical implications for patient care, particularly in resource-limited settings, are significant if data access remains uneven.

For the pharmaceutical and medical device industries, the Agreement's emphasis on equitable access to medical countermeasures is a double-edged sword. While it signals a global commitment to rapid deployment, the 'vague language' and 'unresolved issues' could translate into unpredictable regulatory pathways and intellectual property challenges. Companies developing novel therapies or diagnostics for pandemic threats will need to monitor national adoptions closely, as the lack of universal commitment could create a patchwork of regulations rather than a unified global response. This uncertainty may deter investment in areas critical for future pandemic preparedness.

Ultimately, the Agreement's success hinges on political will, a commodity often scarce when national interests diverge. Patients, particularly those in vulnerable populations, stand to benefit most from genuine international solidarity and robust data sharing. However, if the tension between multilateral cooperation and national sovereignty persists, the promise of collective security may remain largely theoretical, leaving healthcare systems and their patients exposed to the same systemic weaknesses that the Agreement was designed to rectify. The dry prose of these papers belies the profound human cost of such governance failures.

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