



PHM daily briefing of the WHO 77th WHA Meeting: Day 3 (May 29, 2024)

Report prepared by PHM's [WHO Watch team](#)

Committee A, Morning Session

Committee A grouped several items under Pillar 1 for discussion (Document [A77/4](#)). These were:

- 11.1 Universal Health Coverage
- 11.2 Follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of NCDs
- 11.3 Draft global action plan for infection prevention and control
- 11.4 Immunisation Agenda 2030
- 11.5 End TB Strategy
- 11.6 Road map for neglected tropical diseases 2021-2030
- 11.7 Acceleration towards the SDG targets for maternal health and child mortality
- 11.8 AMR: accelerating national and global responses

UHC Resolutions

Two resolutions were mentioned under **Agenda item 11.1**: “Social participation for universal health coverage, health and well-being” and “Strengthening mental health and psychosocial support before, during and after armed conflicts, natural and human-caused disasters and health and other emergencies”.

Many member states emphasised the importance of social participation in achieving UHC with some MS mentioning its importance in addressing NCDs. The draft resolution [[A77/A/CONF./3](#)] on Social Participation for UHC proposed by Slovenia, Thailand and several other Member States was supported by several members during their intervention. **In the EB version, the resolution referred to the need for policies to be gender responsive; the same paragraph in the current resolution no longer includes this language.** However, it makes reference to “Recalling the need to promote the participation of all women and all those in vulnerable and/or marginalised situations including, inter alia, persons with disabilities and Indigenous Peoples, in decision-making processes for health, so that health-related policies and plans respond to their needs across the life-course, as a strategy to achieve the Sustainable Development Goals’ promise to reach first those who are furthest behind and advance gender equality.”

Dominican Republic, representing a group of countries on a joint statement on mental health (namely *Brazil, China, Chile, Denmark, Ecuador, El Salvador, Guatemala, Nicaragua, Panama, Peru, Uruguay and the Dominican Republic*) stated that it is vital to find ways of increasing access, coverage and financial protection to deal with mental health appropriately and that the issue should be treated as a single standing agenda item at the World Health Assembly. MS expressed support for the resolution on mental health with *Monaco, Uruguay, EU* (through Belgium) co-sponsoring the resolution on mental health and psycho-social support before, during and after emergencies.

Reporting on Implementation of Pillar 1

Across the board, countries acknowledged primary health care's key role in UHC and shared their progress in meeting UHC and NCD response targets.

Many countries spoke about the need to make health services available to marginalised populations. *The USA* specifically mentioned the need to **include the voices of LGBTIQ communities and indigenous people**.

In line with the global action plan on NCDs, many countries reported their initiatives for the prevention and control of NCDs, many of which focused on mental and psycho social health, cancer, tobacco use and taxation, and reduction or taxation of salt and sugar content. *Norway* argued that **regulation and taxation should be considered more effective tools in combating NCDs than only modifying individual health and consumer behaviour**, and urged that the upcoming the UNHLM should reflect this.

Ethiopia underscored the urgent need to accelerate efforts to close gaps and access quality and affordability, especially in lower resourced and fragile health systems. **Developing comprehensive integrated and NCD and mental health service delivery** packages at all levels, and **including essential medicines and technologies**. **Lebanon it faces challenges in securing sufficient funding** to implement NCD plans and in improving the accessibility and quality of NCD data for making informed decisions

India made a mention of commercial determinants of health, like making healthy foods available at affordable prices and regulation. Belgium also mentioned that the economic, commercial, social and environmental root causes of NCDs and mental health conditions should be addressed through an all of society approach.

Canada mentioned that it supports addressing the **environmental drivers of diseases**, particularly those related to climate change, pollution and hazardous chemicals, as important steps to strengthen UHC.

Sanctions and Access to medicines

Access to medicines was explicitly mentioned three times across country statements. *Belarus'* intervention focused how sanctions complicate access to medicines:

"...we note with concern the challenges associated with the **blocking of supply of certain medicines and medical equipment** as a result of measures imposed on Belarus by a group of countries... In January this year, **Japan refused to issue an export licence** for the delivery to Belarus of Japanese-made TB diagnostic testing systems. Under the same pretext, **Canada blocked an export licence** to supply to Belarus gamma therapy devices, which are used for radiation therapy of cancer. Since 2022, two **American companies suspended delivery** to Belarus of some medical products as well as reagents and consumables for clinical laboratory diagnosis and research. These examples demonstrate that sanctions affect the procurement of certain medical goods..."

Prioritising gender responsiveness

The EU's intervention noted that it is critical to acknowledge gender specific health barriers, and that gender responsive approaches should inform the implementation of UHC policies. It made mention of its commitment to the full and effective implementation of the Beijing Platform for Action, and its support for

comprehensive sexual and reproductive health services including comprehensive sexuality health care services. These sentiments were reiterated by the USA, Canada, and individual countries in their statements.

Committee B, Morning Session

Discussions were held after the presentation of the Programme, Budget and Administration Committee of the Executive Board (PBAC) on the (i) Results Report 2023 (Programme budget 2022–2023: performance assessment) and Financial report and audited financial statements for the year ended 31 December 2023, more effective and efficient WHO providing better support to countries; and (ii) Status of collection of assessed contributions, including Member States in arrears in the payment of their contributions to an extent that would justify invoking Article 7 of the Constitution. India and Argentina manifested appreciation for the WHO Scorecard initiative and MS brought considerations to the agenda, which were mainly focused on:

- a) Mentioning challenges faced by MS and calling for WHO support to MS to achieve the adequate results;
- b) Commenting on concerns over the health related SDG implementation and the reach of the triple billion target, in light of the difficulties and gaps of each country;
- c) Requesting information about the expenses related to the funds destined to emergencies;
- d) Reinforcing the need to enhance resources to support the WHO work and objectives in the SDGs and also GPW14.

Committee A, Afternoon Session

Reorienting UHC Towards PHC

In the afternoon session, the discussion on the agenda **item 11** continued. The **reorientation of UHC towards PHC was mentioned several times**, for example by *Angola, New Zealand, Botswana, France, Jamaica, Slovakia, Dominican Republic, Ireland*. *Somalia* mentioned that **equitable provision of essential services is an important element in repairing the social fabric**, especially in areas affected by long standing deprivation.

Health Promotion and NCDs

Chile and *Malaysia* focused on the importance of **behavioural measures** for health promotion, while *Colombia* and *Argentina* reinforced the need for **regulation and labelling for food products to combat NCDs**. *The UAE* mentioned the importance of creating health promoting environments. *Bolivia* mentioned inclusion of **traditional health personnel and farming communities which includes mother earth and the cosmos**.

Organ transplantation

Bahrain and *Senegal* called attention to the **ethical issues on organ transplantation**. *Senegal* recommended increasing the availability of ethical access and oversight of transplantation of human cells tissues and organs. *China* called for a crackdown on human organ trade and organ transplant tourism.

Health Worker Migration

Both *Granada* and *Yemen* mentioned problems with the **migration of skilled health workers**.

Resolutions on Social Participation, Mental Health

During the afternoon session *Jamaica, Vietnam, Laos, and Brazil* all emphasised the **importance of social participation** in realising UHC. *Peru, Bahrain, Jamaica, Vietnam and Romania* all indicated their support for the resolution on “**Strengthening mental health and psychosocial support before, during and after armed conflicts, natural and human-caused disasters and health and other emergencies**”.

Sexual and Reproductive Health

In the area of sexual and reproductive health, *Kiribati, Yemen, and Burkina Faso* focused on **HPV**, while *Senegal and Yemen* emphasised **breast cancer screening**.

Addressing Climate Change and Health

Vanuatu highlighted the challenges posed by climate change and natural disasters, noting their **impact on mental health, poverty, and environmental degradation**. *Honduras* also discussed the impact of climate change and disasters on the delivery of quality health care.

Mental Health and Psychosocial Support Resolution

The resolution on mental health and psychosocial support before and during armed conflicts, natural and human-caused disasters, and other health emergencies gained additional cosponsors. *Romania* expressed its intention to join as a cosponsor and requested this be noted in the committee’s report, while *Albania* asked to be added to the list of cosponsors.

Calls for Increased Investments in UHC

Finally, *Chad* and *Yemen* called for increased investments in UHC to ensure broader and more effective health coverage.

Committee B, Afternoon Session

Discussions were held on **item 20. Health conditions in the occupied Palestinian territory, including east Jerusalem and in the occupied Syrian Golan** (Documents [A77/18](#), [A77/B/CONF./1](#), [A77/B/CONF./1 Add.1](#), [A77/B/CONF./3](#) and [A77/B/CONF./3 Add.1](#))

The WHO resolution A77/B/CONF./1 calls for comprehensive monitoring and reporting on health conditions in the occupied Palestinian territory, including East Jerusalem, and the occupied Syrian Golan, emphasising the impact of conflict on health infrastructure and personnel. It also urges enhanced support for the Palestinian health sector through capacity-building, ensuring access to medical care, and compliance with international humanitarian law, with a call for a donor conference to finance immediate and long-term health needs.

However, the amendment proposed by Israel to the WHO resolution A77/B/CONF./3 calls for the immediate and unconditional release of all hostages held in Gaza, including children, women, and older persons. It also condemns the use of health facilities, including hospitals and ambulances, by armed groups in a manner that endangers the civilian population.

Egypt's Proposed Resolution

Egypt reiterated that their proposed resolution is highly technical and non-politicized, using consensus language from previous United Nations and WHO resolutions. They emphasised that **the resolution can be adopted by consensus without the need for a vote and stated their refusal to accept any amendments or additions** to the draft proposed by themselves and the sponsors.

Qatar's Statement on Behalf of Palestine

Qatar, speaking on behalf of observer Palestine, called for the reconstruction and rehabilitation of the Palestinian health sector and the work of the Palestinian health ministry and facilities. They **demand an immediate and permanent ceasefire to ensure safe and unhindered humanitarian access** throughout the occupied Palestinian territories, including East Jerusalem and Gaza. They also reaffirmed the **necessity of granting WHO unrestricted access to the Syrian Golan** to assess health conditions and provide assistance.

Addressing Violations and Humanitarian Needs

Multiple countries raised concerns about violations of international humanitarian law (IHL) and human rights abuses. *Turkey* **accused Israel of using hunger as a weapon of war**, while *Pakistan* and *others* highlighted **Israel's disregard for International Court of Justice (ICJ) orders**. *Lebanon* and *Bolivia* **condemned collective punishment**, and several nations, including *Turkey* and *Ireland*, condemned **attacks on healthcare facilities and workers**, labelling such actions as **war crimes**.

“The failure of the international community, particularly the Security Council to put an end to the occupation and [the crimes] perpetrated by the regime imposed over the Palestinian people is the main reason that innocent lives are lost, which provide the regime green light to perpetrate its crimes.”

Iran

Humanitarian Aid and Funding

There were calls to **restore funding** to the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) from *Namibia* and support for UNRWA workers from *Libya* and *the UAE*. Countries like *Namibia*, *Syria*, *Qatar*, and *others* stressed the need to **deliver life-saving humanitarian aid, including water, shelter, and food**. *Venezuela* and *the UAE* highlighted the importance of health assistance.

Respect for International Humanitarian Law and Ceasefire

Many countries, including Namibia, Algeria, and Honduras, emphasised the need for all parties to **respect IHL**. There were widespread calls for an **immediate ceasefire** from countries such as *Namibia*, *Tunisia*, *Qatar*, and many others, with some advocating for a **permanent ceasefire**. *Jordan*, *Brazil*, and *South Africa*

specifically called for **lifting the blockade** on the occupied Palestinian territories, while others demanded **unfettered access for humanitarian aid**. *China* indirectly criticised the USA for its stance on human rights by challenging countries, particularly those influential over Israel, to genuinely promote the right to health of Palestinians in the occupied territories.

“The credibility of international law is now being called into question, and people start asking, are International Organisations actually effective? because their work doesn't seem to be having an impact.”

Lebanon

Palestinian Rights and Self-Determination

Support for Palestinian self-determination was voiced by *Namibia, Tunisia, Algeria, and Niger*. *Namibia* stressed that the theme of the World Health Assembly, "health for all," must apply equally to Palestinians. *Several countries, including Tunisia and Jordan, reaffirmed the rights of Palestinians to create their State with East Jerusalem as its capital.*

“We condemn the brutal atrocities committed by the occupying power against Palestinian civilians and this for more than seven decades and the recent horrible brutalities which should no longer be seen on this planet.”

Niger

Accountability and Rebuilding

Countries such as *Syria, Iran, and Venezuela* **accused Israel of committing genocide** against Palestinians and called for recognizing the structural conditions that hinder health. The **illegal occupation and apartheid** were *condemned by several nations, including Syria and Iran.*

“What is happening today can be called the crime of genocide.”

Mauritania

The **need for rebuilding Gaza** was highlighted by *Jordan and others*, stressing the necessity of reconstructing what has been destroyed by conflict.

“We need to rebuild everything that has been destroyed by a war machine.”

Jordan

Two-State Solution and Hostage Release

China and *Venezuela* supported a **two-state solution**. *Brazil, Ireland, and Colombia* called for the **release of hostages on both sides**, though **Brazil opposed an Israeli amendment** despite supporting the call for release. Support for Palestinian prisoners was noted by *Venezuela*, and *Colombia* acknowledged the ICJ's decision regarding the arrest of Hamas leaders and Israeli officials.

“The two-state solution is the only viable path to resolving the Israeli Palestinian issue. Therefore we propose a prompt convening of a larger, more authoritative and more effective international peace Conference to develop a concrete timetable and roadmap for implementing the two-state solution.”

China

Notable Points

There was a reminder to **not forget the situation in the West Bank**, with *Maldives* expressing solidarity with Palestinians. *Norway*, *Ireland*, and *Spain* were noted as **the only Global North countries addressing this agenda item**.

Palestine, which is a non-voting observer member of WHO, opened its statement by referencing the right to health: “The WHO constitution states that health is a state of physical and mental wellbeing, and that health isn't just the absence of disease, health is a necessary condition for peoples to live in peace. And that's been reaffirmed by the Alma-Ata Declaration and the Astana declaration. Unfortunately, however, **after more than 70 years of illegitimate occupation, the Palestinian people are not allowed to enjoy these rights.**”

The resolution, inclusive of Israel's amendment, garnered a total of 77 votes, with 50 in favour and 44 against. There were 31 abstentions, while 52 members were absent during the voting session, making a total of 94 members present and participating in the process. Countries such as Greece, Guatemala, Hungary, and others voted in favour, while Honduras, Indonesia, Iran, and others cast their votes against. Nations including Ghana, Guinea, Ireland, and Jamaica abstained from voting, while a significant number of countries were absent during the session.

Egypt expressed deep regret over the adoption of the amendment to the draft resolution. In a swift decision, they announced the withdrawal of the entire draft resolution from consideration. However, according to Rule 67, a draft resolution can only be withdrawn by the proposer before the amendment has been officially adopted. Now, the onus lies on the proposer of the amendment, Israel, to agree to the withdrawal.

Committee A, Night Session

The night session of committee A started with further discussion on the agenda **items 11, 11.1, 11.2** (documents [A77/4](#), [A77/A/CONF./3](#), [A77/A/CONF./3 Add.1](#) and [EB154/2024/REC/1](#), decision [EB154\(6\)](#)).

UN observers and NSAs highlighted key health priorities: GAVI stressed NSA and community involvement for UHC, UNHCR called for improved mental health support in emergencies, FAO emphasised healthy diets for NCD prevention, and IDLO urged WHO support for NCD efforts. IOM advocated for quality healthcare and vaccination access for migrants, emphasising policy integration and migrant health worker protection. The IAEA emphasised the global cancer crisis, urging comprehensive plans for prevention and treatment in LMICs.

Secretariat Response on Health Priorities

The Secretariat emphasised the **need for political action** to address global NCDs and mental health priorities, acknowledging challenges in financial protection and treatment gaps. Dr. Edwards highlighted five key priorities for UHC, including a **PHC approach, prioritising vulnerable populations, and digitization of healthcare.**

Intervention on NCDs and Access to Medicines

Intervention on NCDs and access to medicines was stressed as crucial, with millions of preventable deaths globally. WHO's efforts in implementing a holistic approach in the Roadmap to Access to Medicines were noted, with plans for revision to enhance equitable access.

Regional Perspectives on Immunization and Infection Control

African countries urged **commitment to improve vaccine provision** amidst COVID-19 disruptions, while *Oman* underscored the critical importance of immunisation. *Germany* raised **concerns about slow immunisation recovery post-COVID** and emphasised the need for collaboration to safeguard investments in immunisation and achieve UHC.

Global Action Plan on Infection Prevention and Control (IPC) and Tuberculosis (TB) Strategy

Countries emphasised achieving the global program on IPC and ending TB, with **calls for strong policy frameworks and collaboration** to combat AMR. *Germany* urged collaboration with partners to safeguard immunisation investments and achieve UHC goals.

Committee B, Night Session

In Committee B, budget and financial matters were discussed, and reports on audit and oversight were noted and approved. An external auditor was assigned to evaluate the period ending on 31 December 2023, highlighting key issues. **Queries** from countries such as *China* and *the USA* prompted responses from WHO internal auditors, with recommendations, including on procurement procedures, to be addressed by WHO.

In a closing statement, *the USA* delegation **referenced the situation in Palestine but refused to recognize it as genocide.** Finally, the chair thanked delegates for their interventions and announced a reduction in statement length to 45 seconds starting tomorrow.