



PHM daily briefing of the WHO 77th WHA Meeting: Day 2 (May 28, 2024)
Report prepared by PHM's [WHO Watch team](#)

Plenary Morning

The day began with the continuation of the General Discussion, where numerous countries delivered statements reflecting their positions on a range of issues.

International Conflicts and Humanitarian Concerns

Japan condemned Russia's actions in Ukraine and called for immediate ceasefire and aid in Gaza. *Latvia* also condemned Russia and Hamas, urging swift aid to Gaza. *Iraq* criticised Israeli aggression in Gaza and called for a ceasefire and humanitarian aid. Norway expressed concern over Gaza's health system and condemned Russia's actions. The *United States* called for a ceasefire and aid in Gaza, and condemned Russia's war in Ukraine. *Israel* highlighted the impact of Hamas attacks and its humanitarian efforts in Gaza. *Greece* condemned Russia's invasion of Ukraine and the humanitarian crisis in Gaza. *New Zealand* condemned the health consequences of armed conflict, called for Russia to withdraw, and emphasised protecting medical personnel in Gaza.

Global Health Initiatives

Japan announced a UHC knowledge hub in Tokyo and joined the Alliance for Transformative Action on Climate and Health. *Azerbaijan* declared 2024 as a year of solidarity for a green world and encouraged WHO to set health standards. *Canada* called for addressing discrimination against marginalised groups and indigenous communities within health systems. *Cambodia* called for global data and knowledge sharing, especially for vaccines. *Denmark* emphasised on a pandemic agreement and women's health. *Fiji* and *Zambia* supported the pandemic agreement and health system strengthening. *Bangladesh* discussed investments in primary healthcare.

Climate Change and Environmental Health

Azerbaijan highlighted its climate change initiatives and hosting of COP29. *Monaco* emphasised fighting climate change and pollution, supporting pandemic preparedness and the One Health approach.

Political Stance on Taiwan

Japan, the US, and Canada supported Taiwan's participation in WHO, while China opposed it, stating the decision had been made to not include any Taiwan-related discussion in the meetings.

The meeting concluded with a reminder about a strategic roundtable on health investments.

Committee A Morning

The proceedings at Committee A commenced in Room XVIII, focusing on **Agenda Item 17 concerning the Draft General Programme of Work 2025-2028** (Document [A77/16](#)). Member States expressed broad support for the initiative and appreciated the extensive consultation process undertaken.

Equitable Distribution of Resources

Several countries emphasised the **necessity for equitable resource distribution, particularly noting the specific needs of the African Region**. The *Bahamas* highlighted the importance of strengthening consultative commissions and revisiting guidelines for small Latin American states, which face challenges due to time zone differences and lack of representation in Geneva.

Climate Change and Health

The health challenges related to climate change and wars were acknowledged as significant determinants of health. There was a **consensus on the importance of primary health care** in addressing these issues.

Digital Health and AI

The **expansion of AI and digital health programs** received strong support from countries such as the Philippines, Poland, India, and Japan. This was seen as a vital step towards modernising healthcare systems and improving efficiency.

Accountability and Reporting

Member States encouraged the **creation of annual reports for Member States and donors, emphasising budget accountability**. There was a general expectation for cooperation between health actors, managing collaborative partnerships effectively. **The United Nations Office for Project Services highlighted the importance of private sector participation**.

Support for Implementation

Bangladesh and *Iraq* underscored the need for WHO support in helping countries **overcome local barriers** to implementing the agenda realistically.

Financing and Investment

The final part of the morning session introduced **agenda items 16** (Documents [A77/14](#) and [A77/15](#)) and **18** (Document [A77/17](#)), concerning the implementation of the financing budget and the WHO Sustainable Investment Round. There was **general support for the investment round** as a means to strengthen WHO's capacity to fulfil its commitments, particularly those outlined in GPW14. However, *Nicaragua*, *Seychelles*, and *Ghana* **voiced concerns over the unfair distribution of funding to the AMRO and African Regions**, highlighting their vulnerabilities. Seychelles, representing the Africa Region, expressed hope that the investment round would lead to a more equitable allocation of resources.

The meeting was adjourned for the afternoon.

Plenary Afternoon

In the continuation of the plenary session, representatives from various countries addressed critical global health issues, emphasising the devastating impact of armed conflicts on healthcare systems.

Conflict, War, and Health Crises

Poland emphasised the need for coordinated humanitarian responses to alleviate health crises caused by armed conflicts and wars, highlighting the importance of systemic solutions for health system recovery. *Maldives* highlighted the troubling conditions in conflict zones, especially Gaza, urging nations to **uphold human rights and protect health services universally, and differentiate between critique and discrimination**. *Turkey* criticised global inaction towards the humanitarian crisis in Gaza, condemning the targeting of hospitals and health personnel, and calling for humanity to stand up against such atrocities. *Jordan* emphasised the international community's responsibility to ensure the right to health for all and condemned the crisis in Gaza. *Armenia* described the **health and human rights violations due to the blockade and military offensives**, stressing the need for vigilance and strong collaboration to address the resulting health emergency. *Burkina Faso* highlighted the impact of security and humanitarian risks on their healthcare system, calling for international action to save lives and uphold health for all amidst their crisis. *Malta* condemned the Russian aggression against Ukraine and the relentless attacks on its healthcare sector, urging support for Ukraine and the maintenance of the pandemic agreement negotiations. *South Africa* called for strengthened humanitarian assistance to Gaza following a recent ruling by the International Court of Justice (ICJ).

“Where is our humanity? What kind of people have we become, that we can sleep while children are dying?

The whole world has only dreamt of the discourses for many years, now we have woken up to the great truths. Countries that were claimed to be developed were seen to be rather backward in human values.”

Turkey

Health Workforce and Migration

The Philippines advocated for sustainable health workforce initiatives and international support to address workforce migration issues. *Nigeria* highlighted the disparities in global health conduct, the **loss of trained professionals to developed countries**, and the need to reform the global health architecture for a future of greater uncertainties. *Romania* emphasised the importance of health and care workers, the implementation of [policies which] increases medical graduates, and highlighted the **establishment of a regional development centre for nursing and midwifery**.

Costa Rica discussed the impact of migratory crises on their healthcare system, calling for international support to provide healthcare to migrants and advocating for surveillance initiatives that respect sovereignty. *Jordan* highlighted the impact of migration on their healthcare system and the **importance of supporting agencies like UNRWA** to ensure the right to health for all.

“Wars, violence, epidemics, inequality must be eliminated if we want to pass on to future generations a planet on which life will be possible.”

Haiti

Taiwan's Participation in WHO Activities

Several countries, such as *Malta*, *Bhutan*, and *St. Kitts and Nevis*, advocated for Taiwan's inclusion as an observer in WHO activities, recognizing its contributions to global health and expertise in disease prevention and crisis management. They urged WHO to facilitate meaningful participation of all partners for the benefit of global health.

Committee A Afternoon

The meeting resumed at 14:30 with discussion of Agenda **item 13.3** Working group on amendments to the health regulations 2005 (Document [A77/9](#), Document [A77/A/CONF./8](#)) and **13.4. Intergovernmental negotiating body to draft and negotiate a WHO convention agreement or other international instrument on pandemic prevention preparedness and response** (Document [A77/10](#), Document [A77/A/CONF./10](#), Document [A77/A/CONF./12](#)).

The Chair began the session by introducing a White Paper that had been disseminated earlier in the day, setting the stage for a critical discussion on pandemic preparedness and equity. The representative of *South Africa*, speaking on behalf of the *AFRO Region's 47 member states*, expressed disappointment over the lack of consensus but acknowledged the progress made in negotiations. They emphasised that much more needs to be done to operationalize the equity that Africa demands. The **negotiations must continue under the same bureau and should be presented at a special session by the end of 2024**, with the understanding that areas of convergence will not be reopened for negotiation. They highlighted that **with political will, agreements can be reached on crucial issues** such as technology transfer, know-how, geographically diversified production, and pathogen access and benefit-sharing. For the agreement to be meaningful, it must ensure fundamental changes to the status quo, thereby strengthening public health systems and capacity to effectively respond to future pandemics.

Germany emphasised the importance of substance and content over rushing the timeline, advocating for a well-considered approach to finalising the IHR 2005 Amendment this week and the pandemic treaty by the end of 2024. They also called for the creation of new financing mechanisms or the replenishment of existing ones to ensure adequate resources for implementing these crucial agreements.

Argentina, Belarus, and the UK underscored the principle of state sovereignty in the negotiations. Equitable access to medical products, pathogen access and benefit-sharing, diversification of production facilities, access to technology and know-how, and financing were highlighted as critical issues by *Bangladesh, the AFRO region, India, Malaysia, and Namibia*. *Barbados* pointed out that countries with limited capacity face significant restrictions in making meaningful contributions, underscoring the need for supportive measures.

Committee A Evening

The meeting for agenda items 13.3 and 13.4 continued in the evening at 18:00.

Establishment of the Drafting Group

The meeting discussed the establishment of the Working Group on Amendments to the International Health Regulations (WGIHR) drafting group. The group's mandate, which will meet in parallel to Committees A, B, and the Committee on Credentials, is to establish the modalities of the negotiating work going forward: whether the work will be led by the same Bureau, if a new Bureau will be comprised, by when the negotiations must reach a consensus, if countries will negotiate from where they left off, if they will revise the agreed provisions [in green] of the negotiating text, or if the Assembly will be adjourned on its final day so negotiations can continue.

Despite differences, Member States broadly supported the continuation of negotiations, similar to the Pandemic Treaty, but differed on the approach. Developed countries, the Bureau co-chairs, and WHO's Mike Ryan pushed for finalising the IHR amendments by the end of the WHA, with a perception that the WGIHR process is more streamlined and predictable compared to the Pandemic Instrument negotiations. It is worth noting, as reported by [Geneva Health Files](#), that Member States generally perceive the WGIHR process as more streamlined, predictable, and fair compared to the Pandemic Instrument.

Developing Countries' Perspectives

Kenya, on behalf of the Africa Group, emphasised the need for technology transfer, know-how, and financing; aligning with the IHR Review Committee's findings, both in the IHR 2005 Amendment and in the Pandemic Instrument.. *The Bahamas* strongly criticised the short negotiation timeline and advocated for extended discussions beyond the WHA to ensure equity and thorough deliberation. *Bangladesh* stressed the importance of amending key articles to address developing countries' concerns and supported forming a single drafting group. *Namibia* highlighted the importance of facilitating support for developing countries, while *Botswana* emphasised compliance with the regulations and gender equity. *Ethiopia* believed consensus was within reach, provided certain matters were addressed. *Paraguay* stressed ensuring no member state is disadvantaged, advocating for effective public health measures for all nations.

"As with the treaty negotiation process, continued engagement met challenges due to the speed of the process and time zone variances. Equity demands that these are considerations if indeed all voices are to be heard. [...] We urge that deliberate consideration be given to adequate time to complete deliberations and negotiations to effectively conclude these important global matters."

The Bahamas

Developed Countries' Perspectives

The US opposed additional financing mechanisms, promoting early warning systems and adopting amendments by the WHA's end. *Germany* and *Norway* supported the US stance on financing, focusing on access rather than creating new funds, including an IHR financing mechanism. *Canada* believed a consensus on meaningful amendments was achievable within the week, while *Japan* emphasised the importance of completing the task during the 77th WHA. *The UK* supported reaching an agreement this week, and *Brunei Darussalam* warned against spoiling good progress in pursuit of improvements. *Switzerland* pledged constructive engagement, aiming to conclude the process at WHA77, while *New Zealand* and *Malaysia* both committed to achieving consensus on the IHR amendments.

"We must be clear about where we are not willing to go. The United States does not support the establishment of a new fund as the world's leading donor to global health [...]"

The USA

Equity and Sovereignty

The Bahamas underscored the unique vulnerabilities of small island developing states, calling for targeted capacity-building and technical assistance. *Pakistan* highlighted outstanding equity issues and supported early conclusion, while *Iran* emphasised respecting national sovereignty. *Argentina* underscored the need for sufficient time to consider the final text and avoid unnecessary interference in international trade. *Indonesia* called for political will to address public health vulnerabilities and ensure synergy between pandemic agreements and IHR amendments. *Uganda* emphasised inclusivity in the consensus process.

Call for Flexibility and Further Work

The Russian Federation cautioned against expanding WHO's mandate, advocating for further work to achieve a consensus. *Malaysia* noted the need for additional work to reach a fully agreed package of amendments. *Spain* aligned with the European Commission, aiming to conclude the process promptly, while *Norway* acknowledged remaining challenges but believed they could be resolved during the assembly. *Colombia* highlighted the need to bolster the IHR, showing flexibility to reach consensus. *Nigeria* noted significant progress in the amendments, advocating for an inclusive process and a financial mechanism under the IHR. *Korea* suggested extending discussions if necessary to finalise and adopt the package.

The Chair's proposal to establish the drafting group for items 13.4 and 13.3 was accepted, with the group set to start work at 9:30 am tomorrow, involving all Member States and members of the INB and WGIHR drafting groups.