



PHM daily briefing of the WHO 78th WHA Meeting: Day 1 (May 19, 2025)

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

Plenary Morning

The 78th World Health Assembly kicked off with the swearing in of Dr T. Herbosa (Secretary of Health, Philippines) as the President of the WHA.

President Dr. Herbosa officially opened the Assembly with remarks calling member states to step up its support for health multilateralism in the wake of the United States's absence and intention to withdraw from WHO (and from global health more generally). Herbosa argued:

“We must continue to build strong institutions and sound governance structures, for they are the foundations of effective decision-making, promote accountability and foster transparency, paving the way for fairer, more inclusive policies and services. Indeed, people-centered health governance, anchored on universal health coverage, focusing on transformative primary health care, is a barometer of our collective commitment to human rights.”

The President also addressed the fiscal crisis facing WHO, pushing his colleagues to support the organization financially (if not especially radically):

“We the member states must rise above fiscal hesitation with unified resolve. As the WHA president, I urge every member state to support the WHO Investment Round, back the 20% increase in assessed contributions, and provide the organization with the flexibility to act swiftly, wisely and effectively.”

The President moved to item 1.4, adopting the agenda for the Assembly and allocating items to Committees A and B.

In what has become an annual tradition, the WHA considered a proposal for Taiwan's participation in the Assembly. **China** spoke in opposition to Taiwan's inclusion, claiming that "*the Taiwan question is an internal question to China and a legacy of the civil war*" and that "*the Taiwan-related proposal interferes in China's internal affairs*"



The Chinese delegate objects to the proposal to include Taiwan in WHA proceedings

Under Item 2, the Assembly was updated on the proceedings of the 155th and 156th sessions of the Executive Board, during which the EB considered several items and subitems, and adopted decisions and resolutions. Among these, the 156th Board recommended that the WHA adopt four resolutions on: 1) strengthening national capacities in evidence-based decision-making, 2) rare diseases, 3) strengthening health financing, and 4) strengthening medical imaging capacity.

The Board also recommended the WHA adopt a resolution on the health conditions in the occupied Palestinian territories. The Board noted a report on the handling of potential allegations against WHO Directors-General, and requested the Chairs of the EB and PBAC conduct informal consultations with member states on this matter. With respect to staffing issues, the Board decided to appoint the next Regional Director for Africa at its 157th session, and it reappointed Dr Hans Henri P. Kluge as Regional Director for Europe.

The Director-General of WHO, Dr Tedros Adhanom Ghebreyesus, also delivered opening remarks. He congratulated the Intergovernmental Negotiating Body for "*finally reach[ing] consensus*" on the proposed pandemic agreement, which is being considered for adoption by WHA76. "*I look forward to your adoption of the [pandemic] agreement and I look forward to celebrating with you.*"



Dr. Tedros during his opening remarks

Committee A

A brief moment of drama ensued at the start of Committee A, as the **Russian Federation** expressed opposition to the participation in Committee A of the European Union. The suggestion by Russia went nowhere, however, as – following a brief intervention by the legal counsel – the Assembly agreed by acclamation to proceed with the meeting.

Item 16.2 was then taken up, under which the Assembly considered adoption of the draft pandemic accord. When the pandemic treaty was introduced and the floor opened for member states to comment, almost all member states raised their name plates to comment. Notably, **Palestine** spoke from the floor of WHA for the first time since being granted observer status last year, remarking “*The time we spent in the WHO basement was more than the time we spent with our families.*”

Most countries – North and South – welcomed the outcome of the INB with enthusiasm, expressing support for the adoption of the proposed resolution. Member states commended the INB for their tireless efforts and acknowledged the pandemic accord as an important and historic milestone, a tool to ensure global safety and responsibility. Many member states expressed strong support for the pandemic agreement in the spirit of protecting multilateralism. The need to promote equity and to stand in solidarity in the face of pandemic threats were key themes of many statements. The delegate of Haiti shared “*Equity cannot remain a theory for Haiti*” highlighting the importance of concrete actions in implementation of the agreed principles. The spirit of the day was that – in the words of the INB Co-Chair – “*no country can address a global crisis on its own.*”



INB Co-Chairs introduce the pandemic accord and summarize the INB process

Most countries (e.g. **Guyana and Brazil**) highlighted the importance of multilateralism in strengthening global health security. The centrality of the One Health approach was mentioned several times as an exemplary aspect of the agreement (e.g. by **Austria and Barbados**). Principles of equity and fairness were also mentioned several times (**Uganda and Ecuador**).

Notably, equity was used in two ways in the discussion: both by asking for more of it and for keeping it in mind when the agreement is in place, and to describe the direction that the agreement moved the states toward, while others (especially **Global North members**) seemed to claim that the treaty successfully captured the priority of equity in pandemic PPR.

Countries like **South Africa, Egypt, Senegal, and Indonesia** emphasized the need for a legally binding framework to address critical gaps in pandemic preparedness and response such as benefit sharing, sustainable financing, technology transfer and support to member states. Other supporting countries include the **EU, France, Bahamas, Samoa, Angola, Thailand, Australia, China, Cuba**, and many more – who see the agreement as a crucial step towards a more equitable and resilient global health architecture – called for the adoption of the agreement according to article 19 of WHO constitution.

Other countries, including **India and Colombia**, while supporting the agreement, highlighted the need for careful consideration of specific provisions, such as technology transfer and intellectual property rights.

Some members were much more critical of the treaty, however, with **Bulgaria** particularly taking issue with Article 4 (on prevention) and Article 5 (One health). Several others expressed hesitation about supporting the draft. For instance, **Iran** expressed concern about the lack of predictable

mechanisms and financial restrictions during pandemics. **Panama** highlighted the right to development and emphasised the need to first finish negotiations on the planned Pathogen Access and Benefit Sharing (PABS) mechanism before proceeding with the agreement further. The necessity of this position was driven home by Denmark's statement, as they called for PABS to stay not only voluntary but also to be constructed in a way so that companies would join it on this non-binding basis. **Bulgaria, Israel, Japan,** and **Hungary** raised concerns about the clarity, feasibility, and potential implications of PABS on national sovereignty and industry participation. **Bulgaria** specifically highlighted concerns about the negotiation process and the lack of information on PABS implementation. **Israel** and **Japan** emphasized the need for a reasonable and viable PABS system, while **Hungary** stressed the importance of preserving national sovereignty.

Notwithstanding these objections, the “*festive mood*” that was called for by **Bangladesh** did materialize in the end, as the resolution was overwhelmingly adopted by the Assembly. At the request of **Slovakia**, the resolution was taken to a vote (by show of hands) – and eleven countries availed themselves of the opportunity to abstain from the poll – **but nevertheless the resolution passed by 124 votes to 0.**

Abstainers included **Bulgaria, Egypt, Iran, Israel, Italy, Jamaica, the Netherlands, Paraguay, Poland, Russia** and **Slovakia**, with reasons for abstaining ranging from the perceived lack of consensus around the decision, alleged opaque behaviour by some parties prior to the decision (**Egypt**), worries over state sovereignty (**Russia, Italy**), the need for “national processes” to precede agreement (**Poland**), and the unfinished business of PABS (**Iran, Bulgaria**).



Countries overwhelmingly voting in favour of the resolution under 16.2