



**PHM daily briefing of the 78th World Health Assembly Meeting
Day 6 (Saturday, May 24, 2025)**

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

Committee A (Morning)

Strong demands for more comprehensive PHC amidst poor progress on UHC

The abbreviated session on Saturday began with **Agenda Item 13.3 Universal Health Coverage**. The WHO Secretariat's assessment of progress on UHC – or, more accurately, lack of progress – can be found in [EB156/6: Primary health care](#).

Five draft resolutions were taken forward from EB156 and recommended for WHA78 consideration:

- [EB156\(14\): Strengthening national capacities in evidence-based decision-making for the uptake and impact of norms and standards](#)
- [EB156\(15\): Rare diseases: a global health priority for equity and inclusion](#)
- [EB156\(16\): Strengthening health financing globally](#)
- [EB156\(17\): Strengthening medical imaging capacity](#)
- [EB156\(19\): Promoting and prioritizing an integrated lung health approach](#)

Delegates from all regions emphasized PHC as the essential pathway to achieving UHC, while highlighting specific challenges and innovative solutions tailored to their national contexts. The **Dominican Republic** placed emphasis on the urgent need for stronger primary health care as the foundation of inclusive, accessible and equitable health systems, asserting that:

“It is urgent to speed up structural reforms in health by giving priority to primary health care as the entry point to essential services without any discrimination based on origin or location. Only with a solid PHC model can we get to universal health coverage, with early detection and treatment of diseases, and integrated long-term treatment of those with chronic illnesses, as well as strengthening prevention.”



***“Only with a solid PHC model can we get to universal health coverage”
– delegate from the Dominican Republic***

A recurring theme throughout the deliberations was the critical importance of **community-centered health approaches**. Many member states showcased how integrating local populations into health service design and delivery leads to more inclusive and effective systems. **Slovenia** and **Vietnam** provided compelling examples of how community health workers and civil society engagement create more responsive services, particularly for vulnerable groups. **Singapore** and **Brunei** demonstrated how digital health innovations, including AI-assisted care and telemedicine, are being leveraged to strengthen preventive care and manage aging populations. These technological solutions were presented not as replacements for human-centered care, but as tools to enhance accessibility and quality.

The urgent need for local pharmaceutical production emerged as a distinct priority during the discussions. **Bangladesh**'s intervention was particularly noteworthy, as it highlighted how **dependence on imported medicines creates barriers to treating rare diseases**. The delegation called for **technology transfer, flexible licensing agreements, and support for domestic drug manufacturing capabilities** to ensure life-saving treatments become more affordable and accessible. This perspective was echoed by several developing nations facing similar medication access challenges.

Persistent structural challenges to achieving UHC were thoroughly examined. Many countries, including **Bhutan** and **Namibia**, reported that **catastrophic health expenditures** continue to push significant portions of their populations into poverty, underscoring the need for stronger financial protection mechanisms. Workforce shortages were another major concern, with **Kenya, Poland** and **Germany** all emphasizing the need for greater investment in health worker training, retention and improved working conditions. This is to be seen with a grain of salt from

the **EU** countries as their selective immigration policies help drain healthcare workers from the global south.

The discussions revealed distinct regional priorities while maintaining a common vision. Developing countries, including **Gambia** and **Zambia**, **emphasized the need for international solidarity and support to build sustainable PHC systems**. Meanwhile, high-income nations like **Norway** and **Japan** **focused on optimizing health spending through evidence-based policies**. The **UAE's** call for tailored approaches to address diverse regional needs found broad agreement, as did the **Republic of Korea** and **Thailand's** emphasis on digital transformation as a tool for improving service delivery.

The discussion concluded with a reinforced understanding that achieving UHC requires more than policy declarations - it demands concrete actions and measurable commitments. PHC is generally seen as the indispensable foundation for health systems, with success depending on three pillars: **empowering local communities through participatory approaches, ensuring equitable financing mechanisms that protect households from financial hardship, and strategically harnessing innovation to overcome systemic barriers**.

The **Netherlands** statement, delivered by their youth delegate, highlighted the crisis facing many health workers, the foundation on which health systems depend: *“One in three healthcare workers feels daily exhaustion, one in four experiences burnout, and one in five faces abuse [...] Over 2500 attacks on healthcare have been recorded with over 1000 healthcare workers killed alone in Gaza. **This cannot be the norm.**”*



“One in three healthcare workers feels daily exhaustion, one in four experiences burnout, and one in five faces abuse” – Youth delegate from the Netherlands

Baba Aye, the delegate from **Public Services International** powerfully argued for debt cancellation to support public financing of UHC and PHC:

“To realize universal health care we urge member states to walk the talk of adequate public funding. Financialization of health in any form undermines the essence of UHC. Health is a political choice and UHC requires global solidarity. Richer countries and international financial institutions need to cancel the debts of developing countries, who on their part should invest such resources in primary health.”

Committee A (Afternoon)

Under Item **13.4 on Communicable Diseases**, Committee A considered [document A78/4](#) and adopted decisions [EB156\(23\)](#) and [EB156\(9\)](#), [EB156\(24\)](#) including a resolution endorsing the [Global Roadmap to Defeat Meningitis by 2030](#) - EB156(10). **Chad** proposed a [resolution on accelerating the eradication of dracunculiasis](#) (Guinea worm disease) was adopted.

Member States strongly welcomed the roadmap and WHO’s broader efforts in tackling communicable diseases, while urging the WHO to provide increased technical support, sustainable financing mechanisms, and capacity-building for national laboratories, surveillance systems, and vaccine deployment. Many countries also emphasized the need for context-sensitive, country-specific approaches—especially for low- and middle-income countries with limited health infrastructure. **Ethiopia, Tanzania, and Iraq** called on WHO to assist in early warning systems, laboratory expansion, and integrated service delivery.

Burkina Faso, on behalf of 47 African countries, asked for the introduction of 5CV vaccine in the African region to increase better vaccine coverage for meningitis. **On behalf of 11 countries in the region Sri Lanka** gave the statement mentioning the burden of emerging and re-emerging communicable diseases including zoonotic disease and antimicrobial resistance.

Several countries spotlighted local innovation and technology production as essential to long-term solutions. **Cuba** detailed its national vaccine development efforts and underscored the challenges of high international prices. **Brazil** proposed a BRICS initiative to eliminate socially determined diseases through South-South cooperation and launched a Global Coalition for Local and Regional Production under its G20 presidency. **Namibia** and **Vietnam** echoed this, calling for technology transfer and equitable access to diagnostic tools. **Timor-Leste, Cambodia, and Ghana** emphasized AI-driven diagnostics and community-based care as critical pathways for expanding health access. **Bangladesh** urged WHO and MS to remain flexible and responsive to national realities.

With no objections raised, the resolution was approved, reinforcing global alignment around the 2030 meningitis targets and the broader fight against communicable diseases. The resolution on accelerating the eradication of dracunculiasis (Guinea worm disease) was adopted.