



PHM daily briefing of the 78th World Health Assembly Meeting Day 4 (May 22, 2025)

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

Committee A morning

In the morning session of Committee A, discussions continued under Item 16 on health emergency preparedness and response. Member States addressed Item 16.1, with the ***draft resolution focusing on strengthening the global architecture for health emergency prevention, preparedness, response, and resilience, with reference to document A78/9.*** Deliberations also continued on Item 16.3 with the **draft resolution regarding the implementation of the International Health Regulations (2005), guided by documents A78/11, A78/11 Add.1, and A78/11 Add.2.**

The [decision under Item 16.3](#) – which proposed notifying the International Health Regulations (2005) to Palestine, allowing the WHA observer state to become a party to the IHRs – was adopted with 112 votes in favor, 2 against, and 19 abstentions. **The two countries that voted against were Hungary and Israel.**

Yes Estonia	Yes New Zealand	Yes Russian Federation	Yes Cuba	Yes Andorra	Abst Netherlands (K.)	Yes Finland	Yes Guyana	Abst Georgia
Yes Bangladesh	Yes Mexico	Yes Bahrain	Abst Slovakia	Yes Ethiopia	Yes Lesotho	Yes Gambia	Abst Germany	Abst Hungary
Yes Greece	Yes Costa Rica	Abst Republic of Moldova	Abst Latvia	Yes Eswatini	Yes Ecuador	Abst Austria	Abst DR Congo	Yes Central African Rep.
Yes Australia	Yes China	Yes Slovenia	Yes Botswana	Yes Montenegro	Yes Portugal	Yes Norway	Yes Iceland	Abst Papua New Guinea
Yes Iran (I.R.)	Yes Brunei Darussalam	Yes Kyrgyzstan	Yes San Marino	Yes Dominican Republi	Yes Senegal	Abst Israel	Yes Bolivia (P.S.)	Yes Spain
Yes Bulgaria	Yes India	Abst Malta	Yes Armenia	Yes Mongolia	Yes Republic of Korea	Yes El Salvador	Yes Maldives	Yes Indonesia
Yes Congo	Yes Egypt	Abst Lithuania	Yes Monaco	Yes Malaysia	Abst North Macedonia	Yes Belarus	Yes Cabo Verde	Yes Sri Lanka
Yes Cyprus	Yes Chile	Yes Pakistan	Yes Ireland	Yes Libya	Yes Belgium	Abst Zambia	Yes Panama	Abst United Kingdom
Yes Kenya	Yes Serbia	Yes Saudi Arabia	Yes Honduras	Abst Canada	Yes Morocco	Yes United Rep. Tanzania	Yes Qatar	Yes Jordan
Yes Angola	Yes Micronesia (F.S.)	Yes Eritrea	Yes Mauritius	Abst Paraguay	Yes Nicaragua	Abst Samoa	Yes Peru	Yes Bahamas

Yes Philippines	Abst Albania	Yes Zimbabwe	Yes Syrian Arab Republic	Yes Singapore
Yes Kazakhstan	Yes Türkiye	Yes Chad	Yes Barbados	Yes Azerbaijan
Yes Sierra Leone	Yes Luxembourg	Yes Thailand	Abst Ukraine	Yes Iraq
Yes Tunisia	Yes France	Yes South Africa	Yes Oman	
Yes Djibouti	Yes Jamaica	Yes Switzerland	Yes Viet Nam	
Yes Brazil	Yes Algeria	Yes Uruguay	Yes Uzbekistan	
Yes Tajikistan	Abst Czech Republic	Yes Kuwait	Yes Guatemala	
Yes Denmark	Yes United Arab Emirates	Yes DPR Korea	Yes Liberia	
Yes Japan	Yes Sweden	Yes Lao PDR	Yes Mali	
Yes Namibia	Yes Mozambique	Yes Poland	Yes Colombia	

Voting results for decision to notify IHR (2005) to Palestine

Several countries highlighted key strategies for enhancing health emergency preparedness and response. **Zambia** advocated for strong legal infrastructure, public health operations centers, and national funds to build resilience, while **Morocco** and **Panama** underscored the importance of cross-sectoral coordination and international collaboration.

Several nations recommended reforms to the IHR and broader health governance frameworks to ensure better global responsiveness. **Israel** stressed the need for a simplified, professional IHR platform that eliminates irrelevant content and maintains political neutrality. *"Nothing's going to work if no one is accountable,"* stated their delegate, calling for robust accountability mechanisms and interoperable data systems accessible during emergencies. **Jamaica, Tonga, Turkey** and **Dominican Republic** emphasized the importance of health emergency preparedness in the light of Climate Change, especially in vulnerable small island and disaster-prone states.

Other countries echoed the urgency of sustained financing and regional cooperation. **Chile** and **Slovenia** emphasized evidence-based decision-making, enhancing public-private and academic partnerships, and increasing attention to diminishing resources despite escalating risks. **Jamaica** and the **UAE** acknowledged the reality of donor fatigue, calling for innovative funding streams such as the pandemic fund, while **South Africa** and **Senegal** championed stronger legal and institutional frameworks. As noted by the **Democratic Republic of Congo**, ongoing epidemics and natural disasters require national action plans, simulation exercises, and reinforced surveillance. *"Despite a decline in external funding, our government is determined to maintain our commitment to emergency preparedness,"* the **DRC** delegate concluded, reflecting a broader consensus on the moral imperative of global solidarity and systemic reform.

The discussion on Item 16.3 concerning the *Implementation of the International Health Regulations (2005)* saw widespread support for the inclusion of Palestine in the IHR framework, with multiple Member States emphasizing that public health must transcend political divisions. Countries such as **Malaysia** and **Indonesia** argued that participation in the IHR is vital for nations facing public health emergencies under occupation. *"The IHR is the only existing universally binding document critical for prevention, protection, control, and provisional public health response,"* stated **Indonesia**, asserting that Palestine's inclusion would strengthen the shared global health objectives. Similarly, **Mexico** emphasized the *"effective participation of Palestine is needed, particularly given the restrictions implied in occupied Palestine,"* underlining the right to health as universal and non-negotiable.

A unified strategy among co-sponsoring nations focused on principles of non-discrimination, legal consistency, and moral obligation. **Cuba** powerfully argued that health *"cannot be conditional on political actors,"* and labeled the IHR *"an instrument for equity."* **Iran** called the resolution *"not only a legal necessity but also a moral imperative,"* pointing out that *"excluding any people from the IHR undermines its functioning."* The **UAE** echoed this stance, urging full participation of Palestine to strengthen *"the principle of equality."* These nations emphasized the legal provisions within the IHR that allow non-member state participation, referencing prior decisions and the importance of consistency in upholding international norms.

From a procedural standpoint, the call for a recorded vote—requested by **Israel**—demonstrated the political sensitivity of the issue, yet did not deter the broad coalition of support. Countries such as **Brazil, Tunisia, Colombia,** and the **Maldives** not only welcomed Palestine's engagement but also committed to co-sponsoring the resolution, reinforcing the global consensus on inclusive health governance. *"Notifying the International Health Regulations to Palestine is the most symbolic measure we can adopt for a country facing war and genocide,"* **Jordan** stated, while **Yemen** and **Turkey** urged full membership for Palestine in the WHO.

Committee A afternoon

Russia's aggression in Ukraine and debate over politicizing the Health Assembly

The afternoon session in Committee addressed agenda item 17.2 "Implementation of resolution WHA 75.11 (2022)" (Documents A78/14, A78/A/CONF./3, A78/A/CONF./3 Add.1 and A78/A/CONF./3 Add.2) on humanitarian emergencies, with a direct focus on Ukraine.

The item stems from the Assembly's [resolution WHA 75.11](#), passed in 2022, instructing the Director-General "to make available the staffing, financial resources and leadership support needed across all three levels of the Organization for an effective and accountable humanitarian and emergency health response" and to report on, among other matters, "the direct and indirect impact of the Russian Federation's aggression against Ukraine on the health of the population of Ukraine, as well as regional and wider-than-regional health impacts."

On the table was a [draft decision](#) proposed by a large group of countries allied to **Ukraine**, "condemn[ing] in the strongest terms the Russian Federation's continued aggression against Ukraine, including attacks on healthcare facilities" and requesting WHO to continue providing humanitarian support to Ukraine and reporting on the health crisis there. In response, **Russia** (alongside **China, Belarus** and **Nicaragua**) [proposed amendments](#) to the draft decision which, if passed, would have the effect of nullifying resolution WHA 75.11 moving forward and ending the Secretariat's reporting on this issue to future Assemblies.

During the discussion, the majority of Member States taking the floor expressed solidarity with Ukraine, with many standing to support of the statement made by **Poland** on behalf of the EU: **Ukraine, Sweden, Monaco, Australia, Latvia, Moldova, Spain, Netherlands, Germany, Estonia, Denmark, Lithuania, Czech Republic, Ireland, Japan, UK, Canada, Italy, France, Georgia, Norway.**

The common position was to condemn brutal and unjustified aggressive war by the Russian Federation, as well as the deliberate targeting of healthcare workers and healthcare facilities. These Member States welcomed WHO's support to the healthcare system in Ukraine, and urged the international community to respect Ukraine's geopolitical borders and its sovereignty. They asked for a "ceasefire now" and urged all Member States to reject the amendments proposed by the Russian Federation. Those amendments were defined by **Poland** as: *"Reducing the scope of the resolution, weakening the framework and undermining the capability of WHO to support in Ukraine"*. **Lithuania** used strong language to condemn both Russia's war in Ukraine and their cynical proposed amendments to the draft decision:

"Russia must stop this atrocious war immediately by withdrawing its troops from Ukraine's internationally recognized territory. We dismiss the amendments proposed to the decision by Russia and its allies "These amendments threaten the resolution's effectiveness and distract attention from the urgent need to protect the health system in Ukraine. It is clearly a political move."

The **Russian Federation** proposed amendments to the original draft, that were be voted at the end of the session. Member States that expressed support to those amendments were: **Eritrea, Nicaragua, Zimbabwe, and Korea.** The **Russian Federation** started their statement *"expressing our condolences to Israel for the vicious murders of two of their diplomats"*. **Russia** accused the Member States of continuously using the World Health Assembly for the purposes of political manipulation, using double standards in judging health emergencies across the world: *"Instead of providing support to peace initiatives and negotiations, countries continue to throw repetitive unfounded attacks, which is undermining the desire for a quick settlement"*. The **Russian Federation** complimented the mediation efforts put forth by Qatar, USA, Saudi Arabia, China, Brazil and the Vatican.

Oman brought to the Assembly's attention that the Eastern Mediterranean Region carries the burden of one third of the world's health emergencies, and expressed support to WHO: *"We hope WHO emerges from this crisis: now more than ever we need their leadership and expertise"*. **Sierra Leone** called for full safe and unhindered medical access and, rented global solidarity, especially in Africa: *"No crisis should be overlooked, no population left behind"*.

The statements were followed by voting. The procedure failed once, as one voting station was not active. The number of Member States that had the right to vote was 181, with 56 absent and there 56 abstaining. Fifty-nine voted in favour and 10 against. The decision was therefore approved.

After the vote, member states were given the opportunity to provide an explanation of their votes. **Ukraine** and other co-sponsors used this possibility to thank other members for the support, while unsurprisingly **Russia** reiterated its objection to the resolution altogether. Interestingly, **Indonesia** abstained and declared this was due to double standards in health emergencies, mentioning what is happening in Gaza.

Israel's genocide in Gaza and WHO's work on the health conditions in occupied Palestine

Following the discussion of the health crisis in Ukraine, Committee A moved on to discuss the health conditions in Palestine – the second agenda item on this topic at WHA78. The statements to a great extent were defined by the well-documented dire humanitarian situation in Gaza. Paraphrased from one statement: This is not world war 2, we can see it, we can all see it.

The statements reflect a range of perspectives on the humanitarian crisis in Gaza, with countries broadly grouped.

1. EU-Aligned & Moderate Voices (Poland, Hungary, Spain, Slovenia, France, Ireland, UK, Norway, Australia)

These nations emphasize international humanitarian law (IHL), call for a ceasefire, and demand the release of hostages while condemning Hamas. The EU stressed accountability for attacks on health workers and infrastructure, with Poland stating, "*The death toll of civilians in Gaza is unacceptable*" (Poland). France noted, "*Hungry, thirsty, and sick—some trace of humanity must be kept.*"

2. Pro-Palestinian & Critical of Israel (Saudi Arabia, Cuba, Indonesia, Malaysia, Qatar, Maldives, Palestine, Bangladesh, Bolivia, Namibia, Egypt, Brunei, UAE, China, Nicaragua, Iraq, Honduras, Colombia, Guiana)

These countries strongly condemn Israel's actions, framing the crisis as a result of occupation and IHL violations. **Cuba** asserted, "*Israel's flagrant violation of humanitarian law should be condemned,*" while Malaysia declared, "*Health is a human right, not a tool for war.*" The **Maldives** highlighted the crisis as "*a man-made disaster.*"

Israel rejected what it characterized as the politicization of health issues, arguing against duplicated UN efforts. The **UK**, while supportive of Israel's right to self-defense, called its response "*disproportionate.*" The divide centers on blame (Hamas vs. Israel), urgency of a ceasefire, and adherence to IHL, with most demanding immediate humanitarian access.

Dr. Mike Ryan as well as **Dr. Tedros** spoke on the issue with sincerity, passion and sorrow, both statements are worth listening to in their full extent. **They show what it does to any human being when engaging into this conflict with empathy and a beating heart, something we all should do, not look away and find what you can do.**

Both statements were connected to past personal experience.

Dr Mike Ryan: *“Propaganda and misinformation will not feed the hungry, Propaganda and misinformation will not stop a bleeding wound, Propaganda and misinformation will not vaccinate a vulnerable child. [...] As an ex hostage I can say that all hostages should be relieved, their families are suffering, their families are in pain.”*

Dr Tedros: *“I can feel how people in Gaza would feel at the moment, I can smell it, I can visualize it, I can even hear the sounds. and this is because of PTSD.”*

Committee B

A good week for WHO's 'sustainable financing journey'?

Member States discussed the performance, financing and implementation of the program budget 2024-25, the audited financial statement for year ended 31st December 2024, the Investment Round, and the status and scale of assessments for 2026-27 under **item 21: Budget and finance matters**. Given the breadth and depth of topics included under this item, it was only possible for Member States to give selective and general responses within their allotted three minutes.

Member States repeatedly praised the increase in the number of Member States (particularly from lower income countries) contributing to the Investment Round, describing it as an expression of solidarity with the WHO. Many Member States also noted that while 96% of the base segment of the 2024-25 program budget was funded, it still left 4% (\$210m) unfunded. Many also expressed concern that approximately 60% of the program budget was funded with earmarked (i.e. unflexible) funds. The delegate from **Germany** argued that the funding shortfall revealed a structural weakness at the heart of WHO financing, arguing that *“the budget should follow function”*, and calling for *“bold reforms”*.

Because of US president Trump's Executive Order to withdraw from the WHO, outstanding assessed and voluntary contributions from the **United States** have now been categorised as 'doubtful accounts receivable.' The total amount equals \$453m (\$123m in ACs; \$330m in VCs) and thus represents a significant funding challenge for the Secretariat to manage, not least because these reductions in funds suggest a projected salary shortfall of \$317m. Member States today approved an 'action of last resort' by the Secretariat to allow the Director General to

use funds from the Program and Support Costs Fund (a Fund normally reserved for management and administrative support) for staff salaries. With Member States approving this suspension of financial regulation VIII 8.2, \$410 million is now available for the DG to use to cover the salary shortfall.

Speaking on behalf of the Secretariat, Daniel Thornton struck an upbeat note, maintaining that “*this week has been a good week for our sustainable financing journey*,” and pointing out that 35 new Member States have now pledged funds to the Investment Round, bringing the total to 62 Member States. But this also means that two thirds of Member States have not yet pledged. Additional pledges to the Investment Round at a pledging event at WHO earlier this week has brought total commitments to \$1.84bn. Member States encouraged the Secretariat to continue to hold further pledging events to secure the remaining \$5.26bn VCs required to fully fund the 14th General Program of Work.