



PHM daily briefing of the WHO 78th WHA Meeting: Day 23 (May 21, 2025)

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

Committee A (morning)

Committee A began by taking up **agenda items 16.1, 16.3, 16.4, 17.1 and 17.4**. Much of the discussion focused on the ongoing efforts of the Secretariat to “strengthen the global architecture for health emergency prevention, preparedness, response and resilience” (item 16.1), but critical interventions were also made on the implementation of the international health regulations (IHRs) (item 16.3) and WHO’s work in health emergencies (17.3).

Under 17.1, a draft resolution on strengthening the evidence-base for public health and social measures – which was forwarded to the Assembly from the EB in January 2025 as [EB156\(31\)](#) – was considered. Item 16.3 and its [accompanying documents](#) provide detailed updates on the implementation of the IHRs and solicits input from member states on how to move forward in light of the expected coming into force of the new IHR revisions (major updates to which were approved last year).

Item 16.1 focused on the ‘global architecture,’ a preoccupation for WHO which emerged at the EB152 (Jan 2023) with [EB152/12](#) as an attempt to put forward a strategic framework which might guide the coordination and complementarity of the various ongoing reforms. [EB152/12](#) set out ‘ten proposals to build a safer world together’. At this Assembly, the delegates discussed [Document A78/9](#), a DG report updating on progress related to the ongoing reforms to HEPR.

Member States were near-universal in supporting WHO’s coordinating role in health emergency preparedness and response, with great support for the WHO health emergencies program, and concern about impending challenges related to the WHO’s funding cuts. It was suggested that WHO’s emergency response capacities should not be dramatically scaled back amidst the organization’s downsizing. Said the **German** delegate, “*the emergencies program is one of the heart chambers of WHO, and it must emerge from the prioritization process ready to address future challenges.*”

In a pattern that we are beginning to see more and more this week, a series of countries commended the use of AI and new “digital technologies” in public health security.

Speaking on behalf of the Eastern Mediterranean Region, **Saudi Arabia** commended the provision of technical support in health emergencies, and called for increased funding for pandemic preparedness, especially to low-income countries.

Amongst the range of pandemic preparedness reforms, new health emergency mechanisms and changes to the global architecture, countries (e.g., **Norway, Singapore,**) argued that it is imperative to implement the amended IHR and pandemic accord “*as complementary instruments in a coordinated manner*” (**Norway**).

Lebanon, Norway chose to call attention to the troubling increases in attacks on civilians, health facilities and health care workers. (A [recent report](#) from the [Safeguarding Health in Conflict Coalition](#) highlighted that a record 3,600+ attacks on health workers, clinics and hospitals were documented last year alone, a dramatic increase from previous years.) Health facilities “must remain a safe haven,” argued **Norway**. **Ireland** pointed out that women and children are disproportionately affected by conflict, including sexual and gender violence. **Ireland** also condemned attacks on health workers calling for implementation of IHL, in Ukraine, Congo, Sudan, as well as the occupied Palestinian territories. **Pakistan** seconded this by saying “*We welcome Palestine's accession to the IHR and believe it could enable the people under occupation to benefit from WHO vital work*”. Another country that called out the attacks on health care workers was Indonesia, condemning the attacks on healthcare workers and hospitals in the occupied Palestinian territories. Additionally **Paraguay** used its statement to advocate for “*the Inclusion of Taiwan in the technical mechanisms of the WHO*” taking on this political issue by highlighting **Taiwan's** “*valuable contribution in global health*”.

Notably, **Namibia** called for clarification on sharing of genetic data, clinical trial support and post trial access connected to the pandemic agreement in coordination with IHR. This hints at ongoing discussions of the PABS agreement. Clinical trial data is one of the most kept secret by developing pharmaceutical companies. Should there be unclear wordings in the PABS agreement, the pharmaceutical industry will use them as basis to defend their IP and profit driven role also in the next Pandemic.

The strength of bottom up community based solutions was held up by the states of **Sri Lanka** and **India**. The latter stated that capacity building should adopt a bottom up approach, while the former highlighted the “*resilience from the ground up*” and the local networks necessary for this approach.

This approach shows that MS are aware of the strength of the Public Pharma approach by the Peoples Health Movement

As usual, it was the public-interest civil society delegations casting a critical lens on the deliberations. **Public Services International** reminded the assembly that “*robust health systems are*

built through public funding and a protected health and care workforce, with guaranteed decent work, and protected from attacks in conflict zones.”

Committee A (Afternoon)

The afternoon session in Committee A discussed key items including the role of the global coordination mechanism in WHO's multi-stakeholder engagement for Non-Communicable Diseases (NCDs) prevention and control, based on a report on independent evaluation report. Member States also reviewed updates on matters considered by the Executive Board, including follow-ups to the political declaration on NCDs, specifically focusing on reducing diabetes burden, oral health, and the comprehensive mental health action plan 2023-2030. Additionally, they discussed the global strategy to accelerate the elimination of cervical cancer as a public health problem, with associated goals and targets for 2020-2030, building on previous resolutions and decisions made since 2020.

Nauru, Namibia, Jamaica, Philippines and other Member States reiterated their commitment to achieve the SDG 3.4 target of reducing premature mortality from NCDs by one-third by 2030. *"We need to invest in the SDGs in a sustainable manner"* (**Bahrain**).

The global community is coming together to address the growing burden of NCDs and mental health. Speakers from different Member States, including Samoa (for the Pacific Group) **Poland** (on behalf of the EU), **Canada, Japan**, and the **UK**, stressed multilateralism as leading strategy for addressing NCDs and mental health. *"80% of NCDs can be prevented by common multilateral strategies addressing commercial determinants of health"*, noted Representative from **Samoa**. **Denmark** spoke about the importance of: *"Protecting people in vulnerable situations, especially safeguarding children and adolescents and protecting them by irresponsible marketing"*. **Austria** mentioned the need of *"Shifting our health systems from a reactive model to a holistic one that promotes health and wellbeing and is preventive, equitable, inclusive and interdisciplinary"*. **Spain** called for: *"Clear political will acting on social and commercial and trade and economical components of health, without interference and conflict of interests. Health goes beyond commercial uses and interest"*.

India and **Spain** emphasized the need for multisectoral policies focused on leaving no one behind and based on social determinants and human rights.

Many countries expressed political excitement about the upcoming UN High-Level Meeting on NCDs and mental health, scheduled for September, seen as a crucial opportunity to strengthen political determination and commitment to addressing these issues. **Switzerland, Spain** and **Germany** emphasized the relevance of mental health being included as a standing point in the High-Level Meeting.

Cameroon, Benin, Philippines, United Arab Emirates, UK, Uruguay, Paraguay, Bangladesh and many other countries reiterated the importance of prioritizing integrated primary healthcare (PHC) services and strengthening of health systems. The delegate from **Panama** affirmed: *“Strengthening PHC is the most effective strategy to reduce NCD’s risk factors”*. Member States called for mental health to be integrated into primary healthcare services. *“Mental health must be fully integrated across health systems,”* said **Poland** representative on behalf of the EU.

Armenia and **Antigua** and **Barbuda** highlighted the importance of cervical cancer prevention through HPV vaccination and screening campaigns, stressing the role of community education. As the delegate **UK** said, *“Prevention will always be better than cure.”*

Common risk factors like tobacco, alcohol, and unhealthy diets are being addressed through various strategies. **Denmark** emphasized the need to *“implement the tobacco framework,”* while **Slovenia** called for stronger action on alcohol, which remains a leading risk factor for NCDs and mental health. Key strategies mentioned include strengthening primary healthcare, promoting health education, and implementing evidence-based interventions. As **Denmark’s** representative said, *“We must be bold, and we must be sure to have an intergenerational conversation.”*

The challenges highlighted by Member States in addressing NCDs are the burden brought by climate change on health systems, the need for long term predictable financing to implement national strategies and unequal access to medications. There was limited attention given to community-based psychosocial support (CBPS), with **Uruguay** being the only member state that highlighted efforts in this area.

Committee B (Afternoon)

Geneva, May 2025 — The 78th World Health Assembly (WHA78) convened in Geneva under agenda item 20 to address the devastating health conditions in the Occupied Palestinian Territory (oPT), including East Jerusalem and the Occupied Syrian Golan. The meeting unfolded amidst Gaza’s total healthcare collapse, systematic attacks on medical infrastructure, and the enforced starvation of civilians.

The Director-General’s report (A78/16) was acknowledged by member states, and draft decision A78/B/1, demanding accountability for violations against health systems and calling for unimpeded humanitarian access, was adopted by a vote of 104 in favor, 4 against, 19 abstentions, and 54 absentees. The discussion on this item remained mainly technical.

Arab League: “Thousands of Martyrs, Mostly Women and Children”

In their intervention the **Arab League** painfully summarized the situation in the Occupied Palestinian Territories. They condemned what it called the systematic erasure of Gaza’s healthcare

infrastructure. *“Thousands of martyrs have fallen, most of them women and children, guilty only of being born Palestinian... Hospitals are out of service, medical staff are targeted, the wounded left to die, and women give birth in tents—all in an effort to render Gaza unlivable.”*

Every country except Israel expressed concern over the dire situation. Common themes included: the destruction of health infrastructure targeting of healthcare workers and the blockade of medical aid.

Israel: “Denial and deflection, and disinformation”

Israel’s intervention opened with a familiar deflection: framing its assault on Gaza as a war against a *“ruthless terrorist organization,”* while denying the existence of famine. The Israeli delegation blamed Hamas for all civilian suffering, sidestepping its own role in systematically destroying Gaza’s health system and infrastructure. It dismissed international concern over attacks on hospitals and aid convoys by accusing Hamas of using civilians as human shields, a claim it criticized the draft resolution for not including. Israel also promoted its joint aid plan with the United States, claiming it would safely deliver humanitarian assistance through “secure centers” shielded from Hamas. In reality, these ‘safe zones’ are widely condemned by rights groups as part of a coercive strategy to displace Palestinians, pushing them toward Gaza’s southern border in what many describe as a slow, calculated campaign of ethnic cleansing.

Palestine: “halt arms exports to Israel, and urgently review all economic and trade relations”

Palestine expressed deep regret that the Director-General’s report was only presented in a summarized form, limiting the scope of the suffering documented. The Palestinian delegation held the occupying power (“Israel”) solely responsible for the ongoing genocide, underscoring that over 18,000 children have already been killed. They cited the advisory opinion of the International Court of Justice (ICJ), which affirms the illegality of the occupation, and referenced the pending arrest warrants by the International Criminal Court (ICC), including against Israel’s Prime Minister. These developments, they argued, reflect a growing global recognition of the atrocities being committed. Palestine called on the international community to match this awakening of human conscience with decisive action: *“halt arms exports to Israel, and urgently review all economic and trade relations”*. In Gaza, more than 50 million tonnes of rubble now blanket the land—a haunting testament to the scale of destruction inflicted.

Genocide and ICC and ICJ rulings

Malaysia referred explicitly to the ongoing genocide, stating: “At the heart of the genocide lies the deliberate destruction of Gaza’s health system.” The **Maldives** and **Cuba** also denounced what they described as genocidal actions and ethnic cleansing. **Cuba** highlighted that Israel’s blockade defies the provisional orders of the International Court of Justice (ICJ), denying Palestinians access to clean water, food, and healthcare.

A growing number of countries, including **Mauritania, Maldives, China, and Türkiye**, called for an immediate and permanent ceasefire. Others, such as **South Africa, Malaysia, and Iran**, stressed the importance of international justice mechanisms, invoking the International Criminal Court (ICC) and the ICJ.

South Africa, which initiated the genocide case at the ICJ, echoed earlier arguments: the destruction of the health system is not collateral damage, it is central to the crime of genocide.

UNRWA is barely mentioned

While UNRWA is the life line of humanitarian aid to Gaza and the West Bank, it faces a deep financial crisis as Member States have suspended their funding for the organisation since January 2024. UNRWA stated that they face immense challenges and cannot provide services at full capacity. 300 of their staff has been murdered, including 13 health workers. The crisis UNRWA is facing was left unnamed by Member States, with the exception of **Lebanon, Indonesia and South Africa**.

Complicity of European States:

Statements from European countries revealed inaction and complicity. While **France, Germany, the Netherlands**, and the **UK** expressed alarm over Gaza's collapse and supported humanitarian access, they abstained from the vote, citing concerns over "politicization."

France stated that "*it had always supported*" Israel's right to defend itself but condemned its disproportionate response. It deplored that the report and draft decision did mention Octobre 7th and the release of the hostages. It announced an international conference co-hosted with Saudi Arabia next month. **Germany** voted against the draft decision as they opposed to "*singling out Israel*."

The Netherlands condemned the destruction of health facilities, *but* questioned whether "all acts could be termed wanton. It called for independent investigation.

Israel vs Iran tensed exchange

A tense exchange erupted between **Israel** and **Iran**, following Iran's partial dissociation from paragraph 26 of the decision, which demanded the "*unconditional release of all hostages held in Gaza*." **Iran** argued the language ignored the complexity of the situation and presented a one-sided view.

Israel fired back, accusing Iran of supporting Hamas and undermining humanitarian principles. **Iran** responded during its right of reply, calling Israel's accusations unfounded and denouncing the Israeli regime as "*one of the most criminal in human history*."

The United States, traditionally one of Israel's strongest allies, was absent from the World Health Assembly.