



Health for All Now! People's Health Movement

PHM daily briefing of the WHO 79th WHA Meeting: Day 3 (May 20, 2026)

Report prepared by PHM's WHO Watch Team

Committee A (Morning session)

14.1: WHO's work in health emergencies (continued from previous day)

Committee A started with adopting the draft first report of Committee A (Document (Draft) A79/33) containing one decision entitled: Outcome of the open-ended Intergovernmental Working Group (IGWG) on the WHO Pandemic Agreement in relation to the drafting and negotiation of the Annex described in Article 12 of the WHO Pandemic Agreement.

Countries were then given the opportunity to state the reasoning for their votes on the draft resolution adopted the day before on attacks on health in Lebanon under item 14.1: WHO's work in health emergencies. Discussions reflected how health systems that were previously affected by economic hardships have been further burdened with conflicts. Votes in favour emphasised the attacks invoked international law (**Malaysia, Spain, UK**), disrupted healthcare infrastructure and essential health services further aggravating the humanitarian situation.

Member states variously called for a ceasefire, Israel's withdrawal from Lebanon (**Canada**), access to aid (**Spain**), scaled-up, predictable, flexible and timely support by WHO (**Pakistan**), strengthening the international support, technically, logistically, and financially (**Algeria**) and protection for people and accountability for the crimes including use of double-tap strike on healthcare facilities/workers (**South Africa**), and killings of peacekeepers serving under uniform (**Indonesia**).

South Africa emphasised that the international community must resolutely end Israel's impunity including unlawful occupation of Palestine and hold it accountable, arguing that *"the protection of health care and conflict is not merely a legal obligation. It is a moral imperative. Health systems are not military assets. Health care workers and civilians are not combatants."* **Pakistan** described continuing aggression directly as genocide.

Iran mentioned *"the highest attainable standard of health is fundamental human right"* and demanded an urgent and collective response from the international community to the significant loss of lives, injuries, destruction of health infrastructure, displacement of populations, the severe disruption of **essential health services, including maternal child health immunization, non-communicable diseases management, and mental health support.**

Japan voted in favour out of obligation to the IHL, even though they did not know the details of the attacks, while the **UK** voted in favour yet condemned Hezbollah. **Israel** rejected the draft resolution on the grounds that it is biased and ignored the threat of Hezbollah.

Countries called for **negotiated solutions** (e.g., **Canada**) while **Israel** reaffirmed negotiations with Lebanon in Washington. **Malaysia** reiterated that sustainable peace can be approached through cessation of hostilities, the de-escalation of tensions and genuine commitment towards a peaceful and diplomatic resolution.

14.4: Implementation of resolution WHA75.11 (2022) - Humanitarian and emergency health response in Ukraine

The assembly moved on to discuss item **14.4** with consideration of [document A79.10](#) related to the humanitarian and emergency health response in Ukraine.

Before member states could begin with their statements, the **Russian delegation** requested to close the debate on the agenda item. **Ukraine**, supported by the **UK**, opposed the motion and requested a recorded vote should the Committee proceed to voting.

181 member states voted on Russia's proposal to close the discussion on A79.10. The proposal was rejected with 54 countries voting against the proposal while 10 countries voted for it.

The delegation of **Cyprus**, speaking on behalf of the **European Union**, stated that **Ukraine** had continued to demonstrate its desire for peace despite entering the fifth year of Russia's war, while condemning ongoing attacks on healthcare infrastructure and personnel that have severely strained the health system. The EU commended the efforts of the World Health Organization and WHO Europe in supporting health services, immunisation, and medical evacuations, and reaffirmed continued financial, technical, humanitarian, and political support for Ukraine's sovereignty and recovery. **Lithuania, Poland, Hungary, Germany, Spain, France, Estonia, Ireland** and **Latvia** broadly aligned themselves with the EU position.

Across the debate, several delegations argued that the systematic disruption of Ukraine's health infrastructure was deliberate rather than accidental, citing over 56,000 civilian casualties and nearly 3,000 attacks on healthcare facilities, with some delegates describing the attacks as increasingly "*vicious and brutal*," averaging two attacks on health institutions per day. Delegates pointed out that the conflict severely affected the health of civilians, particularly children, older people, and those already ill.

Several delegations called on WHO to maintain rigorous and transparent reporting on attacks affecting healthcare workers and patients, emphasizing the long-term psychological trauma inflicted over an entire generation.

Lithuania also stated that "*neutrality cannot be an excuse for silence when the core principles of the WHO Constitution are being dismantled*". **France** called on Russia to stop ignoring ceasefire appeals, **Moldova** reaffirmed support for Ukraine's sovereignty and territorial integrity, and **Monaco** stressed that "*health cannot be a target*."

Estonia asserted that all attempts by the Russian Federation to get rid of this agenda item and avoid the discussion were “*utterly cynical*” and urged all states to vote supporting the resolution. The delegation further noted that 2025 was the deadliest year for civilians since the start of the war, urging the international community to keep the emergency under close political scrutiny.

Australia, Canada and **Guatemala** similarly condemned Russia’s invasion of Ukraine and commended WHO efforts to strengthen primary healthcare and maintain service delivery during the war, warning that Russia’s actions constitute violations of international humanitarian law and stressed the importance of documenting the health impacts of this attack.

Ireland highlighted the impact of the conflict on women’s access to sexual and reproductive healthcare, while **Latvia** described the situation as among the worst humanitarian crises in recent history. **Panama** called for stronger protection of health workers and infrastructure, sustained and flexible financing, integration of primary healthcare and mental health services in conflict settings, and improved coordination between humanitarian and development actors to support long-term recovery.

The **United Kingdom** called for Russia to be held accountable, while **Ghana** emphasized that the crisis demonstrated the importance of WHO’s role as a global convener and that **lessons from Ukraine should guide future health emergency responses.**

Dr. Altaf Musani, Director of Emergency Health Interventions at World Health Organization (WHO) Headquarters, provided additional data reflecting what had transpired since the publication of the report, between 1 January to 1 May 2026. One hundred ninety new attacks on healthcare, with 86 injuries, and 15 deaths, including incidents involving UN vehicles, while highlighting severe and growing humanitarian needs in Ukraine, with 76% of respondents reporting mental health challenges and 13% of households requiring rehabilitation services. He noted that 83 health cluster partners had reached over 328,000 people with assistance and that the WHO had delivered US\$5.5 million worth of medicines, medical equipment, and supplies to health facilities across the country.

Russia stated that it did not support the report, arguing that recent Ukrainian drone attacks on Russian territory had been insufficiently reflected in WHO reporting. The delegation claimed that although information had been shared with the World Health Organization on attacks affecting more than 250 Russian health facilities, only 35 incidents had been officially reported, and accused WHO of disseminating misleading information.

Ukraine responded that the Russian Federation’s intervention resembled a broader political statement rather than engagement with the agenda item itself, and reaffirmed full trust in the statistics, reporting, and activities of World Health Organization in Ukraine.



Despite these objections – and high drama involving desk-banging by the Russian delegation – the committee held a recorded vote on whether to note report A79/10. Of 181 members voting, 62 voted in favour, 9 against, and 33 abstained, resulting in the report being formally noted. A draft decision was subsequently approved to continue humanitarian support.

Following the vote, **Ukraine** thanked member states that supported the adoption of the decision, describing the outcome as a clear demonstration of the international community’s commitment to protecting healthcare, supporting humanitarian response efforts, and upholding international humanitarian law. **Ukraine** also expressed appreciation for the support of the WHO, stressing that attacks on healthcare and medical personnel must not be tolerated and reaffirming cooperation on emergency response and health system recovery.

The **United Kingdom** noted that it had co-sponsored the decision and stated that “*peace begins with truth,*” adding that Russia must continue to be held accountable. **Iran** meanwhile argued that the Assembly had applied a double standard, pointing to the failure to adopt its own resolution related to war during the previous day’s discussions.

Committee A (Afternoon session)

The afternoon session of Committee A began with the taking up of agenda items 11 and 12.3. Item 11, entitled “Recommitting to accelerate progress towards malaria elimination” involved discussion of a Director-General’s report (contained in [document A79/4](#)) on the decelerating progress toward malaria elimination. Member states were invited to note the report and to provide comments on how WHO and the international community can “sustain political and financial commitment to ensure continuous investment in malaria elimination.”

Agenda Item 12.3 focused on communicable diseases, with three topics considered together: the Immunization Agenda 2030 (see [report contained in document EB158/8](#), the midterm report on IA2030); the

Road map for neglected tropical diseases 2021–2030 (see [report contained in document EB158/9](#) reporting on progress tackling NTDs), and the End TB Strategy (see [report in document EB158/10](#), the biennial Secretariat report on progress on the strategy for eliminating Tuberculosis).

In general, countries that intervened on the floor were overwhelmingly supportive of WHO's work on communicable diseases, from efforts to eliminate the burdens of malaria and tuberculosis, to the challenge of collaboration on increasing immunization rates and strengthening research and action on neglected tropical diseases (NTDs). By and large, the discussion consisted heavily of individual member states reporting on their progress on communicable diseases at the national and subnational levels. Beyond this, countries reported the main challenges they perceived with respect to international action on these agenda items, and made some requests to WHO and calls for improved global cooperation. The main themes that emerged from the discussion on international cooperation are summarized here.

Item 11: Recommitting to accelerate progress towards malaria elimination

Angola referred to malaria elimination and control as “*essential pillars of health security and sustainable development*” and argued that “*sustained political leadership, resilient health systems, and predictable financing are critical to achieving*” the targets set for 2030. These themes were repeated in various forms by several member states.

Several member states from the global south expressed alarm at the slowdown in international (donor) funding for malaria control, prevention and elimination with the **Central African Republic** delivering a particularly impassioned statement in this regard (see image). The country's delegate attributed stunted progress on malaria to cuts in international funding, and further noted concerns about the rise in resistance to insecticides and drugs. For some countries, the implication of the cuts in international aid seems to be the need to mobilize domestic resources, notwithstanding the difficulty in doing this in lower-resource settings wracked by sovereign debt servicing obligations, low fiscal space and extractive international financial policies. Both **Sudan** and **Zambia** made explicit calls for the mobilization of private sector financial resources.

Mauritius emphasized the need to avoid “complacency” in post-elimination settings, emphasizing that long-term political commitment and continued, predictable financing is needed even after elimination. The danger in post-elimination settings, they argued, is complacency. **Libya** reinforced this point, calling on UNICEF and WHO to provide additional stocks to transit countries in order to help them, to not necessarily cease vaccine provision and immunization campaigns once elimination is achieved. They raised the issue of malaria being introduced through airports, which they have reported to the WHO, and reminded others of the importance of adhering to aircraft disinfection protocols.



“We are concerned about the reduction of international funding allocated to the malaria fight. We call on WHO to strengthen support to countries affected by malaria through vaccines and new diagnostic tools.”

– Delegate of the Central African Republic

Item 12.3: Communicable diseases

Under 12.3, the immunization agenda, the TB Strategy, and the NTDs strategy were all discussed. **Indonesia** decided to focus attention on challenges that cut across all the agenda items on the table: that of the need to strengthen health systems. They argued that *“progress against communicable diseases will not be sustained unless health systems can reach those who have been left behind.”* They asserted that *“stronger and more integrated health systems for all”* are needed, *“built on primary health care, universal health coverage, community engagement, reliable data, and multisectoral collaboration.”* These points were echoed by several global south member states, including **Timor-Leste** and **Samoa**, as well as **Brunei**, who argued that, *“across all three agendas, [...] primary health care, sustainable financing, robust data systems, and continued global solidarity are critical to accelerating progress.”*

Other countries opted to intervene on these three topics one-by-one.

Immunization Agenda 2030

Member states extensively discussed their domestic efforts to achieve the Immunization Agenda 2030 (IA 2030) goals, describing overwhelming support for the Agenda. For example, **Cuba** reported that it has eliminated several vaccine-preventable diseases, created new vaccines post-COVID and has a vaccination coverage of 95%. Also, while commending WHO’s work on communicable diseases, **China** reported strong progress on controlling infectious disease threats and endorsed the ambitious goals related to IA2030.

However, member states including **Jamaica** communicated concern and alarm at the findings of the WHO’s midterm review on IA2030, which showed slowing progress and increasing resistance to immunization.

Jamaica called for multilateral collaboration and a redoubling of WHO’s work, saying we need *“accelerated coordinated action, particularly to address inequities in fragile and vulnerable contexts and ensuring no one is left behind.”* Misinformation and disinformation and the problem of ‘public trust’ were referred to by states such as **Germany, Jamaica, Norway, and Israel.**



“Invest in African vaccine manufacturing and African medicines agencies and adopt a subnational equity driven approach to reach zero-dose children”

–Nigerian delegate on behalf of the African group

Further barriers to the achievement of the goals that were referenced include the preponderance of so-called “zero dose children.” Expressing overwhelming concern about the stunted progress reported in the midterm review, **New Zealand** noted that *“progress is lacking, especially for children who haven’t received any vaccines or are undervaccinated.”* Statements from **Indonesia, Norway, Korea, Papua New Guinea, and Nigeria on behalf of the African group** echoed this point.

To address the problem of inadequate progress on immunization, **Malaysia** *“encourage[d] enhanced regional collaboration and structured learning”* to support the strengthening of immunization systems within countries. **Iran** pointed out that sanctions and regional conflict have severely affected vaccine supply chain management, increasing the risk of vaccine preventable vaccines, while **Tuvalu** emphasized challenges associated with climate-related disruption affecting vaccine delivery in remote island settings.

End TB Strategy

With respect to item 12.3, member states generally were concerned about progress, with **Germany** for example expressing *“worrie[s] that TB elimination is not on track.”* As part of this item, the WHA was asked by the Executive Board to consider adopting a decision ([EB158\(3\)](#)) requesting the Organization to develop a post-2030 Tuberculosis elimination strategy, to pick up where the End TB Strategy leaves off when it expires in 2030. Countries widely supported the idea of mandating WHO’s development of a post-2030 TB strategy.

Member state interventions largely focused on the challenges related to comprehensively tackling TB, with some making strong references to social determinants of health. **Ecuador** described the social factors militating against successful enrolment and sustaining of people in tuberculosis treatment. They said that *“the social determinants, such as housing [and] malnutrition, are barriers that make access [to treatment] difficult for this preventable and treatable disease.”* This point was echoed by **Brazil, Netherlands, Panama, Norway, India** and others, with **Norway** specifically advocating a ‘human rights approach’ to tackling TB and **India** calling for action to address the socioeconomic and environmental determinants of TB. **Qatar** called for multisectoral action on TB to address these key upstream determinants. The **Republic of Korea** called for strengthening public-private partnerships for TB control.

NTDs

On the topic of NTDs, **Malaysia** strongly linked neglected tropical diseases to social determinants and broader system challenges, asserting that they view, *“NTDs is not only a health issue, but also as a development and social justice challenge requiring integrated, multisectoral and equity-driven strategies under the One Health framework.”* **Germany** called for sustained financing and ongoing commitments to NTDs research amidst a rapidly changing (i.e., deteriorating) global funding landscape.

Committee B (Afternoon Session 14:30-17:00)

Committee B opened Agenda Item 17.1 on health conditions in the occupied Palestinian territory, including east Jerusalem, and the occupied Syrian Golan, considering the Director-General’s report [A79/11](#) and draft decision [A79/B/CONF./1](#), proposed inter alia by Bahrain and other Member States. The draft decision requests further WHO reporting on the humanitarian and public health crisis and calls upon Israel, as the occupying power, to comply with its obligations under international law, including by protecting health-care services and personnel, and requests the Director-General ensuring access to medicines and medical supplies, and facilitating unhindered humanitarian and medical access.

Israel spoke first to call upon the Assembly to re-evaluate this long-standing agenda item, arguing that it *“drains resources and does nothing for health,”* while advancing *“distorted narratives at the expense of professional discussion”*. Israel stated that health care in the Syrian Golan Heights compares favourably with those of many Member States represented in the Assembly hall.

Israel further argued that, if the discussion were genuinely focused on health, it would prioritise cooperation and address the conduct of all relevant actors. Israel stated that *“for years, Hamas embedded military infrastructure in and around health infrastructure, thereby placing civilians and medical services at risk”*. Concluding its intervention, Israel reiterated that *“the politicisation of health does not serve the public,”* announced its opposition to the draft decision, and formally called for a vote.

Pakistan, speaking for the Organisation of Islamic Cooperation (57 Member states), denounced the *occupying power* and *genocidal state* stressing that this was not a conflict but *“deliberate violence and collective punishment.”*

Egypt argued that item 17.1 must remain on the WHA agenda “as long as the occupation continues,” while **Malaysia** too explicitly supported keeping 17.1 and 17.2 as separate agenda items.

Many states condemned the deliberate destruction of health systems. **Türkiye** referred to *genocidal aggression* and attacks on civilians, health facilities and health workers. **South Africa** described this as ‘*medocide*’, an act of genocide and ethnic cleansing, stating that Palestinians were being “*robbed of the right to life simply for being Palestinian.*” **Cuba, Nicaragua, Iran, Colombia** and **Bangladesh** also named genocide or genocidal conditions. **Bangladesh** specifically condemned starvation as a method of war, while **Brazil** raised sexual abuse as “*deeply concerning and simply unacceptable.*”

The occupied Syrian Golan was repeatedly raised. **Pakistan, Malaysia, Kuwait, Jordan, Syria, Canada** and **Darussalam** called for a WHO field mission to assess health conditions, including prisoners and detainees. **Pakistan** condemned Israel’s obstruction of the WHO mandate and called for assessment of mental, physical and environmental health. **Venezuela, Cuba** and **Lebanon** rejected occupation and annexation. **Iran** linked Israeli aggression to the Syrian Golan and Lebanon.

Several states linked health to self-determination and political settlement. **Türkiye, Spain, Russia, Bahrain, China** and **Ireland** supported a two-state solution. **Indonesia, South Africa** and **Venezuela** emphasized Palestinian self-determination; **Indonesia** also condemned Israel’s attack on the *Global Sumud Flotilla* and the continuing “slow squeeze” of the West Bank. No state clearly advanced a one-state solution.

Palestine then took the floor, denouncing Israel, as the occupying power, of presenting a “*deformed and alternative reality*” in order to hide their crimes. The delegation referred to the targeting of civilians, destruction of ambulances and clinics, “*the killing of nurses and doctors*” and the torture and arbitrary arrest of health workers. **Palestine** asked “*Is that the dignity we offer? Is that the principle we speak of? The cooperation and partnership we speak of?*” The delegation further referred to “*the famine suffered by children*” and asked: “*Have we forgotten the resurgence of polio in Gaza? Is that the outcome that we want? Have we forgotten the situation of pregnant women in the OPT?*”, Describing the health situation in Gaza as one of “*constant deterioration*”. **Palestine** asked whether the Assembly could “*meet the reality that health workers in the OPT are suffering with international silence,*” adding that they “*are suffering from violence by colonizers, by the army.*” The delegation further stressed that Palestinians “*are not treated as human beings.*”

Palestine asked: “*Have we committed any crimes?*” and concluded by reminding that Jewish communities arriving from Europe were welcomed with open arms by Palestinians, while criticising the international community for failing to prevent the ongoing suffering.

At **Israel’s** request, the Committee proceeded to a recorded vote on the draft decision under Item 17.1. The DG was requested to report on health conditions and humanitarian crises in the occupied Palestinian territory (including east Jerusalem) and the occupied Syrian Golan, focusing on issues such as famine, malnutrition, attacks on medical personnel/facilities, and Israel’s legal obligations. Additionally, the WHO was called to support the Palestinian health sector, ensure unhindered access to medical supplies and care, and report on mental health needs, detainee health, and the impact of the occupation, while urging compliance with international law and provisional ICJ measures. The draft decision was adopted with 89 votes in favour, 31 abstentions, and 5 votes against. The states voting against were **Israel, Hungary, Honduras, Paraguay**, and the **Czech Republic**.

Item 17.2: Health conditions in the OPT, including East Jerusalem

The Committee continued its discussion on agenda item 17.2 ([A79/12](#)), the Director-General's report on the public health implications of the catastrophic *humanitarian crisis* in the occupied Palestinian territory, including East Jerusalem.

Under Item 17.2, **Pakistan** called for 17.1 and 17.2 to remain separate, warning against framing that placed the occupied and the occupying power on equal footing. It described "*hallmarks of a genocidal campaign*" and cited attacks on health care, displacement, famine, malnutrition and the collapse of hospitals, especially in northern Gaza. **Indonesia** was similarly direct: "*No justification can excuse it, no language should soften it.*"

Across the debate, member states emphasized that health destruction was not incidental. **Cuba** said the occupying power had deliberately attacked the health system. **Egypt** described the targeting of equipment, health services and supplies as evidence of systematic attack. **UK, Norway, France, Cyprus speaking on behalf of the EU, Brazil, Qatar, Saudi Arabia** and **Australia** called for humanitarian access, protection of health workers and medical evacuations. **Norway** highlighted the worsening West Bank situation and settler violence.

Israel intervened in Arabic mentioning that no one is deprived of health care in the Syrian Golan.

The ICC and ICJ were less central in the discussion compared to last year's WHA, but accountability and international law were repeatedly invoked. **Tunisia, South Africa, Pakistan, Indonesia, Malaysia** and **Cuba** all stressed accountability and the need to name the aggressor: Israel, Israeli forces, the occupying power, or occupying forces.

The agenda item 17.2 was suspended until Thursday 20th of May 9:30.

Disclaimer: The summarizing of this daily brief was aided by DeepSeek based on the notes of PHM WHO-Watchers. Translation into French and Spanish was done fully by DeepL.