PHM daily briefing of the WHO 79th WHA Meeting: Day 4 (May 21, 2026)
Report prepared by PHM's WHO Watch Team

Committee A

Item 11: Provide health - Recommitting to accelerate progress towards malaria elimination (continued)

Committee A continued its discussions from 20 May under agenda item 11 on *"Provide Health,"* including deliberations on recommitting to accelerate progress towards malaria elimination and related communicable disease priorities. **Nepal, speaking on behalf of WHO SEARO,** and indeed echoed by many member states, emphasized that **tuberculosis responses must remain people-centred and integrated within primary healthcare (PHC)** and universal health coverage frameworks, warning that progress remained slow and uneven due to undernutrition, diabetes, widening funding gaps, catastrophic costs faced by affected families, and the continued burden of drug-resistant TB. The committee subsequently **noted the report** under document A79/4, and the decision on the End TB Strategy (EB158/3) was **approved without objection**.

Item 14.3: Poliomyelitis (continued)

The discussion on agenda item 14.3 regarding poliomyelitis highlighted a global consensus while eradication is within reach, but countries including **Turkey** and **Pakistan** stressed that the **"final mile" is the most complex phase**, requiring sustained international solidarity, adaptability, and political commitment.

While the **Southeast Asia** region has remained polio-free since 2014, wild poliovirus persists in **Afghanistan** and **Pakistan**, and outbreaks of circulating vaccine-derived poliovirus (cVDPV) continue to threaten progress in conflict-affected regions like **Sudan**, **Burundi**, and the **Lake Chad Basin. Angola** described targeted efforts focused on peri-urban communities, border regions, mobile populations, and remote areas through differentiated supervision and additional financing while **Monaco** emphasized the need for gender-responsive approaches. **Barbados** highlighted the **economic and social costs of vaccine-preventable diseases** and warned that imported measles outbreaks from Europe, Canada, the United Kingdom and the United States continued to threaten Caribbean countries.

Across the debate, many member states stressed the need to **address vaccine hesitancy and rebuild public trust,** though few offered concrete strategies for doing so. Several delegations emphasized the importance of contextualising services to vulnerable populations and hard-to-reach communities.

A central theme was the **transition to "Sustaining a Polio-Free World"** strategy, which focuses on **integrating essential polio functions into PHC and UHC** frameworks. Many member states, including **Nigeria**, **Brazil**, **Ethiopia**, and **Indonesia**, argued that polio vaccination should no longer be siloed but instead embedded within broader health systems to improve resilience and reach **"zero-dose" children** in marginalized or hard-to-reach communities. The **Central African Republic** meanwhile called for greater preparedness planning for the post-eradication period, highlighting concerns about sustainability beyond the current eradication framework.

There were strong calls to maintain high population immunity through routine immunization embedded in Primary Health Care by **Nigeria, Brasil, Ethiopia, Indonesia, Cameroon** and **Algeria** and the coordinated cessation of oral polio vaccines in favor of inactivated polio vaccines (IPV) with **Cameroon** asking for the **accelerated rollout of the hexavalent vaccine** for easy integration. Even as Israel highlighted its transition away from OPV, Russia asserted that **withdrawal of oral polio vaccines could only proceed if all countries had reliable access to inactivated polio vaccines** (IPV), warning against repeating the 2016 shortages that contributed to multiple outbreaks.

Ethiopia, Nigeria, Chad, Burundi, Thailand, CAR, Cameroon and others referenced cross-border movement and refugees as being drivers of resurgence. **Egypt** implemented a vaccines protocol at point of entry for displaced population, significantly mitigating the risk of importation and safeguarding regional health security

Almost all member states, including **Peru, Australia, Micronesia, Paraguay, Kazajistán Columbia, Suriname, Zambia**, **Malaysia**, **China & Sudan** stressed the importance of **intensified local surveillance systems**, including integrated acute flaccid paralysis surveillance and environmental (wastewater) monitoring. **Canada,** along with **Qatar,** highlighted the tireless efforts of frontline health workers, the majority of whom are women, that made this achievement possible and highlighted the increasingly difficult and insecure conditions forcing them to work 'leaner and smarter'. **Zambia** also highlighted the **role of frontline health workers** in identifying missed populations and strengthening response efforts. **Germany** asserted that polio eradication is not merely a scientific challenge, and echoed **Australia, Ukraine, Papua New Guinea** and **Canada** in its call for **closer collaboration with Gavi**, the Vaccine Alliance, humanitarian actors, NGOs, and civil society. **Morocco** proposed **pooling of global effort** to limit impact of conflicts, climate change, climate emergencies and the assembly reaffirmed that **polio eradication is a *'shared global responsibility'***.

A recurring tension throughout the debate concerned financing and responsibility-sharing. Lower- and middle-income countries **(Brasil, Nigeria, Micronesia, Peru, Ukraine, Algeria, Nepal, Ghana, Cameroon, Indonesia** and **Chad)** repeatedly called for predictable and sustainable financing to maintain immunisation systems and surveillance capacities, while major donor countries stressed *'efficiency'*, *'innovative financing'*, and deeper partnerships in the context of shrinking aid budgets effectively shifting the onus on already vulnerable countries to *"secure predictable resources and scale innovative financing"*. **Brazil** highlighted the critical funding gap of **$2.2 billion** threatening the 2022–2029 polio eradication targets. Saudi Arabia committed **$500 million** over five years to support vaccination campaigns, and **Pakistan** reported a domestic commitment of **$154 million.**

"We consider it a priority to reach all zero dose children through vaccination in remote zones, with an intercultural focus and nominal surveillance systems, that include capacity building for healthcare personnel, coordination with community leaders and information in all original languages"

- Delegate of **Peru** -

Item 14.5: Public health implications of the unprovoked attacks by the Islamic Republic of Iran on civilians and essential civilian infrastructure in Gulf Cooperation Council countries and Jordan.

This draft resolution was proposed by a coalition including Bahrain, Canada, Jordan, Kuwait, and the United Arab Emirates (A79/A/CONF./4).

The resolution **condemns in the strongest terms Iranian attacks on civilian objects, specifically citing damage to medical and healthcare facilities, water desalination plants, energy facilities, airports and ports.**

The **Philippines**, speaking on behalf of **Association of Southeast Asian Nations (ASEAN)** member states, expressed **serious concern over the escalating situation in the Middle East,** emphasizing that protection of civilians and civilian infrastructure is essential to maintaining public health, continuity of healthcare services, and access to medicines, water, sanitation, and food supplies. ASEAN countries also **stressed the importance of safe maritime routes, stable global supply chains, de-escalation, and implementation of the ceasefire. Indonesia,** aligning with this statement, emphasized that **public health should not be used to justify political responses.**

Kuwait on behalf of **GCC** and **Jordan**, along with **Australia, UK, South Africa, Qatar** and the **Republic of Korea** condemned attacks by Iran including the ***de facto* closure of the Strait of Hormuz**, noting that targeting energy ports and desalination plants leads to widespread health consequences **disrupting any supply chain.** These member states expressed deep concern regarding the **mental health and psychosocial consequences** of these attacks and the suspension of regional cooperation programmes on **organ transplantation**.

Singapore voted in favor out of solidarity but placed on record its *"reservations that certain aspects of this resolution are on political and non-health related matters,"* which they argued go *"beyond the purview of the WHO"*. Similarly, **Indonesia** stated that *"public health must not be exploited to justify political response"* and that the **WHO should maintain its *"technical character"***.

The **Canadian** delegate asserted that *"Recent attacks against essential civilian infrastructure in the gulf region and Jordan have produced grave public health consequences, disruptions to water desalination, energy facilities, health care infrastructure, and to international navigation through the Strait of Hormuz, on which the region depends for essential commodities, medical commodities, carry implications beyond any one country."* The **UK** expressed its solidarity "with friends in the Gulf and Jordan" and announced its plans to launch a **defensive alliance with France** in the context of the Strait of Hormuz.

Malaysia reiterated that health care personnel, hospitals and medical facilities must be respected and protected at all times in accordance with International Humanitarian Law, which can be invoked by many member states, and asserted that *"Any sustainable solution must address the root causes of the conflict"*.

The debate also featured concerns about the **global economic impact of the conflict**. **Nigeria**, speaking on behalf of the Health Ministries of Sierra Leone, Chad and Central African Republic, Guinea Bissau, and the Gambia , described the Middle East crisis as a **"critical external shock"** for their region, driving up costs for agricultural inputs and pushing inflation as high as 4.8% in 2026. **South Africa** urged that the international community "cannot afford to create a hierarchy of victims". They took a position **against attacks on all sides of the context**, emphasizing that root contexts cannot be ignored and that *"There can be no military solution to the conflict"*.

China also pointed toward the root causes, suggesting the crisis began with an **"individual country without a UNSC authorisation"** launched attack on Iran. The UAE described the actions as "**unlawful and unprovoked terrorist attacks**" that must never be normalized, noting that health implications occur on a global level due to disruptions to food, fuel, and commodities.

Israel asserted that health systems are **intrinsically linked to external factors** such as political stability, secure supply chains, and functioning infrastructure like ports, energy, and water systems. They contended that recent Iranian **attacks are not stand-alone events but represent a long-term strategy of regional destabilization** that has threatened civilians for decades. By escalating militarily and supporting armed groups like Hezbollah and Hamas, Israel claimed Iran has **s**ystematically undermined public health across the Middle East. Ultimately, Israel warned that this regional aggression has far-reaching global impacts on the health and security of millions and supported the proposed resolution.

Iran strongly opposed new agenda item 14.5 and the contained draft resolution, saying; *"This draft constitutes a politically motivated and ill-conceived attempt to misuse this Assembly for purposes unrelated to the core public health mandate of the WHO."* The Iranian delegation characterised the draft as a **"politically motivated and ill-conceived attempt to misuse this Assembly** for purposes unrelated to the core public health mandate of the WHO". The Iranian delegation argued that the text "deliberately disregards the broader context and root causes" and applies a "**selective use of international law**". They further claimed that the resolution ignored severe damages inflicted on Iran's own health infrastructure and that a truly impartial approach would address the casualties of Iranian civilians, including 168 innocent school children in the city of Minab. Iran warned that

such **"selective condemnation"** sets a dangerous precedent for the organization. It asserted, *"A comprehensive approach to public health implications would necessarily address the full scope of the crisis."*

A point of order was raised by Bahrain during Iran's statement, insisting that the discussion "sticks to that subject" regarding the effects of the attacks on health.

The resolution was ultimately approved by a recorded vote of **91 in favour to 2 against**, with **31 abstentions**.

Following the vote, **Iran** argued that the resolution as a proceedings represented a *"diversion of the assembly's valuable time,"* toward divisive political matters, arguing that its actions were a legitimate response to aggression against its national sovereignty and integrity. They maintained that their conduct was rooted in **the right to self-defense under the UN Charter** and asserted there is **no credible evidence to support claims that they targeted civilians**. According to Iran, the current regional instability is the direct result of unlawful attacks by the United States and the Israeli regime, and they cautioned that the distinction between the aggressor and the victim must not be distorted. **The Strait of Hormuz would remain open for safe and coordinated maritime traffic only if there is a permanent end to the war and the lifting of unlawful blockades.** Iran further alleged that the United Arab Emirates acted as a proxy in the region by allowing the US to use its military bases and facilities for planning and launching unlawful military attacks against Iranian territory, despite prior warnings. They concluded by noting that they have formally reported these developments, including supporting documentation, to the UN Security Council.

The **United Arab Emirates** categorically rejected Iran's **attempt to justify its "terrorist attacks" as self-defense**, asserting it has never been a party to the conflict nor allowed its territory to be used for aggression. They insisted that *"Iran must be held accountable for violating international law"* and demanded an immediate end to its provocations and respect for the sovereignty of all states.

Item 12.1: Follow-up to the political declaration of the high-level meeting of the General Assembly on the prevention and control of non-communicable diseases & Item 12.2: Mental Health

Committee A continued its discussions on "NCDs and mental health," including deliberations on considering the Director-General's consolidated progress report on the follow-up to the United Nations political declaration. There was broad recognition across member states and WHO regions that, while progress has been made, the **global trajectory remains insufficient to meet SDG target 3.4.** Indeed, it was noted that many countries are off track for achieving this target.

On behalf of African member states, Ethiopia began by welcoming the WHO's technical support for NCD and mental health programs, particularly the implementation of WHO PEN. Ethiopia then laid out five recommendations to accelerate progress: first, operationalize the outcome of the 2025 UN high-level meeting to prioritize NCDs, mental health, and social determinants of health; second, better integrate NCD and mental health services, including oral health, into primary healthcare; third, enhance sustainable financing through health taxes, budget allocations, and strengthened accountability frameworks; fourth, invest in robust data systems, equity-focused strategies, and workforce capacity; and fifth, improve equitable access to affordable diagnostics, medicines, and emerging therapies via technology transfer, pooled procurement, and local manufacturing.

There was **broad consensus on the importance of prevention and addressing risk factors** (including the commercial determinants of health) **Estonia, Denmark, Finland, Iceland, Latvia, Lithuania, Norway, Sweden,** several pacific island states (led by **Papua New Guinea**) and **China**, emphasized prevention as critical for successful NCD policy and stressed the importance of regulation. **Estonia** added the need to *"address environmental and commercial drivers of poor health."* Drawing on a more structural perspective, **Pacific Island States** led by Papua New Guinea warned of the critical role of *"the importation and aggressive marketing and availability of unhealthy products [that] have further accelerated this epidemic."*

Several member states and regions also highlighted the importance of integration of NCD control into PHC services. **Ethiopia** emphasized the need to *"enhance integration of NCD and mental health services... into PHC."* The **Maldives, on behalf of the SEARO region**, called for *"strengthened community-based mental health services integrated into primary health care and universal health coverage."* And **China** underscored PHC as foundational, noting, *"primary health care should anchor the accelerated implementation of the political declaration."*

Several countries also identified mental health as a crosscutting priority that synergistically worsens other social and structural determinants of health, noting that *"Mental health problems... are especially common among youth and... amplified by poverty, gender identity, disability, or structural discrimination."* The **SEARO region** led by Maldives stressed the urgency of *"An escalating mental health burden driven by social, economic, environmental and humanitarian determinants."* The **EMRO region** led by Egypt further linked conflict and health stating that *"Mental health disorders are widespread and exacerbated by humanitarian crisis, displacement, and fragile settings."* Those most affected were often identified as those facing other vulnerabilities including those peripheralized *"by intersecting factors such as poverty, gender identity, disability, or structural discrimination."* Proposed solutions included financing, capacity and systems strengthening, multisectoral approaches and use of digital tools and technologies.

Committee B

<u>Item 17.2: Health conditions in the occupied Palestinian territory, including east Jerusalem (continued)</u>

The discussion on Agenda Item 17.2 centered on what Member States described as a *'catastrophic situation'* in Gaza. Discussions began with **Turkey** indicating that a significant amount of **medical and humanitarian aid supplies were stockpiled at their border** waiting to be allowed to transit across through checkpoints into Gaza. **Jordan** highlighted the severe impacts on mental health, maternal health, nutrition, and non-discriminatory access to care, while **Pakistan** explicitly described Israel's destruction of Gaza's health system as *"genocide"* and objected to the participation of the *'occupying power'* in the Assembly. **Iran** similarly characterized **attacks on health infrastructure and restrictions on medical evacuations as war crimes** that could meet the threshold for genocide. **Turkey** and **Pakistan** reiterated support for a *'two-state solution'*, including **recognition of Palestine with Al Quds as its capital**, while **Lebanon** emphasized the Palestinian right to self-determination. **Bangladesh** aligned with the statement delivered by Palestine on behalf of the Organisation of Islamic Cooperation (OIC) and expressed concern over restrictions on access to healthcare.