



Health for All Now! People's Health Movement

PHM daily briefing of the WHO 79th WHA Meeting: Day 1 (May 18, 2026)
Report prepared by PHM's WHO Watch Team

Committee A

Plenary morning (9:00-12:00)

The Seventy-ninth World Health Assembly opened with the election of its new Chair. **Dr. Víctor Elías Atallah Lajam of the Dominican Republic** was elected to preside over the Assembly, marking the start of this year's deliberations at the World Health Organization.

H.E. Elisabeth Baume-Schneider, Federal Councillor of the Swiss Confederation, gave welcoming remarks and called for investing in health as a long term investment. In a reaffirming remark, the councillor emphasised the importance of youth councils and involving youth in decision making.

The meeting started with **H.E. John Dramani Mahama, President of Ghana** addressing the plenary. He advocated for the Accra reset vision, *"a movement born from the conviction that the old paradigms of dependency must give way to a new era of health sovereignty."* President Mahama stated how a new order is rising, defined by agency and not aid; by partnership, not paternalism.



"The old system of donor dependency is past its sell-by date."
–President Mahama of Ghana during the opening plenary

A pre-recorded video of **H.E. Ahmad Al Sharaa, President of the Syrian Arab Republic**, was screened next. The president began by emphasizing Syria's path into rebuilding the health system in a

sustainable manner. He acknowledged WHO's commitment to climate and health and pledged the return of populations in Syria's displacement camps by 2027 to stability, protecting them from further harm caused by climate disasters.

The WHO Director General Dr Tedros Adhanom Ghebreyesus opened his address to the Assembly by referring to the hantavirus outbreak and the declaration of ebola as a Public Health Emergency of International Concern (PHEIC) following an outbreak in the Democratic Republic of the Congo that spread to Uganda. He noted he would return to the issue in greater detail during the afternoon technical briefing and praised Prime Minister Sánchez of Spain for his leadership in responding to the hantavirus outbreak. The DG stressed that the World Health Organization had already been preparing for significant financial pressures, which worsened over the past year, and outlined reforms in three key areas: WHO's core normative and technical functions, its emergency operations, and its financial model.

Dr. Tedros highlighted the establishment of a new science division aimed at strengthening evidence generation and guideline development, while also recognizing Germany's support for WHO's work on pandemic intelligence. In a notable moment, he wore a German flag pin while appealing for Germany to restore funding after cutting its contribution by half. *A central theme of his remarks was WHO financing: he recalled that when Voluntary Contributions were introduced in 1950, they represented only 20% of the Organization's budget, whereas by 2017 the balance had reversed, with 80% of funding coming from largely earmarked Voluntary Contributions and only 20% from Assessed Contributions.* Referring to the 2022 World Health Assembly agreement to gradually raise Assessed Contributions from 20% to 50%, he urged Member States to honour their commitments, emphasizing that the remaining instalments are critical to protecting WHO from future financial shocks such as the one experienced in 2025.

Plenary Afternoon (14:30-17:00)

Taiwan

In the afternoon session the Assembly considered a proposal to invite **Taiwan** to participate in the World Health Assembly as an observer. **China** opposed the proposal, reiterating the *One China Principle*, a position supported by Pakistan. In contrast, Paraguay argued that excluding Taiwan from global health discussions was inappropriate, particularly given Taiwan's contributions to epidemiological surveillance and digital health cooperation. Ultimately, the Assembly accepted the recommendation not to include supplementary agenda items, effectively rejecting the proposal.

Later, delegates discussed a proposal to add an agenda item [A79/Rev 1 Add 2](#), entitled "*Public health implications of the unprovoked attacks by the Islamic Republic of Iran on civilians and essential civilian infrastructure in Bahrain, Kuwait, Oman, Qatar, Saudi Arabia, the United Arab Emirates and Jordan.*" **Iran** opposed the proposal, arguing that it lacked credible and verifiable public health evidence. **Kuwait** defended the initiative, stressing that the issue should be viewed through a public health rather than a political lens, citing concerns over attacks affecting healthcare workers, drinking water access, medical supply chains, and the delivery of medicines and diagnostics to vulnerable populations. Following the discussion, the item went for a vote: with 95 votes in favour, 37 abstentions, and 8 against (Belarus, Ecuador, Russia, Iran, Nicaragua, Nigeria, Zambia and Zimbabwe.), the proposal was **adopted**.

Russian and Ukraine

A further procedural debate emerged between **Russia** and **Ukraine** over the proposed provisional agenda. Russia argued that the agenda contained an excessive number of political items that duplicated discussions already taking place within the United Nations system, and proposed merging item 14.1, "WHO work on health emergencies," (Documents [A79/9](#) and [A79/9 Add.1](#)) with item 14.4, "Implementation of resolution WHA75.11 (2022) Health emergency in Ukraine and refugee-receiving and -hosting countries, stemming from the Russian Federation's aggression." ([Document A79/10](#)) Russia maintained that the health situation in Ukraine could be addressed within the broader framework of health emergencies rather than as a separate agenda item.

Ukraine strongly opposed the proposal, arguing that merging or removing item 14.4 would obscure the specific responsibility of **Russia's** aggression for the health crisis in Ukraine. Delegates emphasized that item 14.4 stems directly from resolution WHA75.11 adopted at the Seventy-fifth World Health Assembly, which placed the health emergency in Ukraine formally on the Assembly's agenda. Critics of the Russian proposal argued that, although framed as a procedural consolidation, the practical effect would be to dilute or effectively remove focused discussion of the situation in Ukraine.

The proposal went to a vote and was rejected. The final tally was 22 votes in favour, 53 against, and 56 abstentions, with 108 Member States participating in the vote. As a result, item 14.4 remained on the agenda as a standalone item.

Palestine

A tense procedural debate unfolded over agenda items 17.1 ([Document A79/11](#)) and 17.2 ([Documents A79/12](#) and EB158/2026/REC/1, resolution EB158.R6) concerning the health situation in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan. **Israel** argued that the two items were repetitive and inconsistent with the principle of "efficiency," but **Palestine** firmly rejected what it described as "*confusion from the occupying power delegate*," stressing that the items concern two different subjects and reflect two separate mandates that must be discussed independently in Committee B. Supported by **Egypt**, **Pakistan**, and **Colombia**, several delegations argued that attempts to merge the items would effectively dilute attention to the humanitarian and public health crisis affecting Palestinians. **Egypt** remarked that "*it is clear who is wasting time*," while **Pakistan** called for a recorded vote on the proposal so that "*their defeat would be public*." The proposal to merge the agenda items was ultimately rejected and the agenda adopted.

Document A79/11 is a WHO implementation and status report summarizing humanitarian health support activities in the occupied Palestinian territory while also covering the occupied Syrian Golan, mainly fulfilling procedural reporting obligations to the World Health Assembly. By contrast, A79/12 is a far more detailed humanitarian and public health assessment focused specifically on Gaza and the West Bank, documenting deaths, injuries, attacks on hospitals, disease outbreaks, mental health impacts, food insecurity, and funding gaps, while also outlining recommendations for recovery and emergency response. Merging the two discussions under a general health emergencies framework would risk obscuring the scale and specificity of the ongoing humanitarian crisis.

Address by Special Guest, H.E. Pedro Sánchez, Prime Minister of Spain

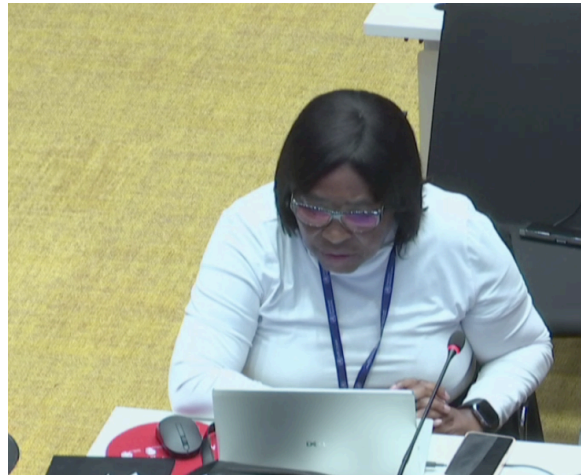
The Prime Minister of Spain, Pedro Sánchez addressed the Assembly as a special guest, warning against the growing contradiction between declining investments in global health and rising expenditures on war and militarization. He stated that Spain intended to step forward by significantly increasing official development assistance, including a major expansion of its global health contributions. Sánchez also outlined three broader priorities: investing in regional production capacities through the Pandemic Agreement in order to strengthen supply chains and reduce dependency, reforming the financial architecture of global health through mechanisms such as debt relief and debt swaps in order to reduce debt repayment burdens, and democratizing global health governance to ensure more equitable representation and decision-making.

Evening Session (18:30-22:00)

The evening discussions focused on agenda item 13.3 ([Document A79/8](#)) on the Open-ended Intergovernmental Working Group (IGWG) on the World Health Organization Pandemic Agreement. Member States continued discussions on the Pathogen Access and Benefit-Sharing (PABS) annex negotiations. The discussion revealed tensions between demands for equity from the developing countries and calls from developed countries for a system that is both "implementable" and attractive to industry participation. While there was some agreement on extending negotiations into 2026, major disagreements

remained over signing legally binding benefit-sharing obligations at the point of accessing pathogens, meaningful technology transfer, monetary contributions, user registration, traceability, and how to safeguard sovereign rights over biological resources.

South Africa, speaking on behalf of AFRO, strongly defended the need for a legally binding and enforceable PABS system grounded in equity and accountability. South Africa argued that “access cannot be divorced from benefit sharing”.



“Good intentions do not vaccinate anyone”

Delegation of South Africa, in their National Statement.

Pakistan delivered one of the strongest interventions of the session, accusing some Member States of attempting to “hollow out Article 12” through proposals that would preserve “*commercial privileges of a handful of manufacturers*” at the expense of developing countries. Pakistan insisted that the PABS annex must fully operationalize equity principles agreed under the Pandemic Agreement, including legally binding contracts, meaningful technology transfer, mandatory monetary contributions, and robust traceability mechanisms. Rejecting what it called “*goodwill gestures*,” Pakistan warned that “*cost recovery is not benefit sharing*” and opposed anonymous access pathways to pathogen sequence information, which it described as a pathway to biopiracy.

The **European Union**, represented by **Cyprus** and supported by several European delegations, maintained a more cautious and technical tone. The EU stressed the importance of finalizing an “equitable and implementable” PABS system that is “future proof” and supportive of *research, development, and innovation*. While reaffirming commitment to equity and rapid pathogen sharing, the EU statement underlined the need for compatibility with private-sector participation and existing global health mechanisms.

Mexico supported an extension of negotiations in order to achieve a more thoughtful and balanced PABS system capable of reconciling “different, possibly conflicting priorities.” Mexico stressed that global health should be based on the promotion and protection of global public goods, arguing that the best outcome “cannot be the triumph of one position over another,” but rather the result of constructive participation and international cooperation.

Meanwhile, the **Central African Republic** aligned closely with the African Group position, stressing that the IGWG’s mandate was not to renegotiate agreed principles but to operationalize them. CAR warned against “*biopiracy in the name of global health*” and insisted that countries providing pathogen samples must retain the right to know who accesses them, under what conditions, and for what purposes.

Overall, the session seemed to show that while many Member States remain committed to concluding the PABS annex before the end of 2026, deep divisions persist between countries committed to securing

meaningful and legally binding benefit-sharing mechanisms and those focused on flexibility, innovation, and operational feasibility.

Non State Actors



Maria Fernanda Boriotti, President of the Federación Sindical de Profesionales de la Salud de la República Argentina (FESPROSA) and member of the People's Health Movement, met with WHO DG, Dr. Tedros Adhanom Ghebreyesus to deliver a letter signed by more than 3,000 Argentinian healthcare workers rejecting the decision of Argentina to withdraw from the World Health Organization. The initiative highlighted growing concern among health professionals about the implications of distancing the country from multilateral global health cooperation. Read more [here](#).