REPORT ON WHA WATCH

WHA79, May 2026

INTRODUCTION

The 79th World Health Assembly (WHA79) took place in Geneva from 18–27 May 2026, bringing together Member States, civil society organisations, United Nations agencies, researchers, and advocates to deliberate on key priorities in global health governance. As part of the People's Health Movement (PHM) Democratising Global Health Governance Programme, a team of sixteen PHM members participated in the annual WHO Watch, combining political analysis, advocacy, movement building, and capacity strengthening throughout the Assembly.

WHO Watch is a longstanding initiative of PHM that emerged from the Workshop on Democratising Global Health Governance held in Geneva in 2010. The programme was established to bridge the gap between global health policy processes and grassroots struggles for the Right to Health. By training activists, strengthening analytical capacity, building alliances across social movements, and producing accessible policy analysis, WHO Watch seeks to democratise global health governance and amplify the voices of civil society within WHO decision-making processes.

Each year, Watchers analyse agenda items before and during the Assembly, produce policy briefs and statements, engage with Member State delegations and allied organisations, and communicate developments through social media and public reporting. The initiative also supports smaller country delegations by providing independent analyses of agenda items while advocating for a stronger, more democratic and adequately financed World Health Organization. At its core, WHO Watch is both a political education programme and movement building exercise, equipping activists to intervene in global health governance processes at national, regional and international levels and to forge political alliances across the regions where PHM is active.

COMPOSITION OF TEAM

Watchers were recruited through an open call for applications, and regional reps were consulted for their feedback on shortlisted candidates. This year the team consisted of:

1. Alicia Maldonado (Peru)
2. Ben Verboom (Canada/UK)
3. Jacob Alhassan (Canada/Ghana)
4. James van Duuren (South Africa)
5. Gayatri Sharma (India)
6. Rahaf Bashir (Syria/UK)
7. Indrachapa Ruberu (Sri Lanka)
8. Jan Wintgens (Germany)
9. Juliette Mattijsen (Netherlands)

In addition other PHM members were present at the WHA79 (via the coordination team or via other organisations):

10. David Franco (Germany)
11. Lauren Paremoer
12. Anneleen De Keukelaere (organization and workshop)
13. Dian Maria Blandina
14. Remco van de Pas (attended some workshop sessions)
15. Ron Labonte (attended some workshop sessions)
16. Baba Aye (attended some workshop sessions)

WHA79 PREPARATIONS: WEBINAR AND WORKSHOP

Preparation for WHA79 began several weeks before the Assembly with two online preparatory webinars, during which Watchers were introduced to the programme, allocated agenda items, and began analysing WHO documentation and formulating policy priorities. These sessions were followed by an intensive four-day workshop in Geneva, which provided both technical preparation for the Assembly and a broader political education on contemporary global health governance.

The workshop was framed around one central question: how can global health governance be democratised at a time when the WHO faces profound political, financial and institutional challenges? Participants examined the changing global health architecture in the context of shrinking WHO budgets, increasing dependence on earmarked voluntary funding, the growing influence of philanthropic and corporate actors, and ongoing proposals to reform global health governance through multistakeholder arrangements. Discussions critically explored whether these reforms would strengthen democratic accountability or further marginalise Member States and civil society, particularly those from low- and middle-income countries. Drawing on PHM's long-standing political analysis, the workshop explored how reimagining global health governance requires confronting structural inequalities, restoring WHO's independence, and reaffirming the organisation's normative role in addressing the social, political and commercial determinants of health.

Central to these discussions was the Declaration of Alma-Ata, which PHM continues to regard as the normative foundation for global health governance. Rather than viewing Primary Health Care as a limited package of technical interventions, participants revisited Alma-Ata's vision of

publicly financed, community-led, comprehensive health systems rooted in creating a more just global political economy and greater democratic participation in health governance. The workshop critically examined how contemporary global health policy has increasingly reduced Primary Health Care to technocratic solutions, digital innovation and selective service packages, often neglecting the structural drivers of health inequities, including neoliberal economic policies, austerity, corporate influence and colonial power relations. Against this backdrop, the approaching fiftieth anniversary of Alma-Ata was presented as an opportunity to reclaim its transformative vision of Health for All as the guiding principle for reforming the global health architecture.

Alongside these political discussions, participants received practical training in WHO governance, advocacy strategies, political writing, media engagement, and policy analysis. The workshop also provided briefings on the major WHA79 agenda items, including universal health coverage, primary health care, antimicrobial resistance, health emergencies, digital health and artificial intelligence, pandemic governance, health workforce migration, reform of the global health architecture, and the health situation in the occupied Palestinian territory. A dedicated session introduced PHM's Public Pharma programme, whose principles were subsequently integrated throughout the team's policy briefs, statements and advocacy during the Assembly.

You can find the full workshop overview in the attachment. Session facilitators included: Lauren Paremoer (South Africa), Dian Maria Blandina (Indonesia/Malaysia), Zeina Mohanna (Lebanon), Zaida Orth (South Africa), T. Sundaraman (India), Leo Mattos (Brazil), Anne-Emanuelle Birn (Canada), Baba Aye (Switzerland/Nigeria/France), Nicoletta Dentico (Italy), Jyotsna Singh (India), Matheus Falcão (Brazil/Canada), Andrew Harmer (United Kingdom), Renée de Jong (Netherlands/Switzerland), Nithin Ramakrishnan (India), Layth Hanbali (Palestine), Ron Labonté (Canada), Swathi Krishnan (India), Jan Wintgens (Germany), Ben Verboom (United Kingdom), and Juliette Mattijsen (Netherlands/France).

Significant Activities & Outcomes

Throughout the Assembly, Watchers monitored negotiations, attended committee meetings and side events, engaged with Member State delegations and allied civil society organisations, and produced policy briefs, daily reports, statements and social media content. Together, these activities demonstrate that WHO Watch is more than a mechanism for observing WHO proceedings: it is a programme of political education, movement building and collective advocacy that seeks to strengthen democratic participation in global health governance and advance the struggle for Health for All. Below you can find the WHO Watch team's activities, efforts and outcomes during the WHA79.

1. Contribution to and participation in G2H2 Policy Dialogues

PHM organized two G2H2 Policy Dialogues (numbers 1 and 2 below) and participated in another (number 3 below).

A. Exporting High Medicine Prices. US Pressure on Europe and Implications for Global Access (5 May 2026), organised by Gargeya Telakapalli

In recent years, particularly following policy debates during the Donald Trump administration, the United States has increasingly sought to address high domestic medicine prices. However, rather than adopting structural policy reforms commonly used in Europe—such as price regulation, centralised negotiation, and Health Technology Assessment (HTA)—the preferred posture of the US administration has been to externalise the issue. European countries, including France, Germany, and Spain, have tried to check medicine prices through public policy mechanisms. Institutions such as the National Institute for Health and Care Excellence (NICE) in the UK assess the value and cost-effectiveness of medicines, enabling governments to negotiate or reject prices that do not align with public health priorities. In this context, there have been growing indications of pressure on European governments and institutions to raise medicine prices or alter their pricing and reimbursement frameworks. These include reported diplomatic engagements with countries such as France, tensions involving the UK's NICE, changes to policy in Spain and broader debates on pricing and transparency raised across Europe. Policy tools such as Most-Favoured-Nation (MFN) pricing further reflect an attempt to reshape international price benchmarks. However, taken together, these developments raise concerns that, rather than reducing high prices domestically, they risk increasing prices in Europe.This dynamic is understood by some stakeholders as a form of trade pressure, in which trade and diplomatic leverage are used to influence other countries' domestic health policy choices. This webinar aims to critically examine whether current U.S. approaches to medicine pricing represent a shift from domestic reform toward external pressure on other countries, and to explore the implications of this shift for global access to medicines.

Session Recording:

https://us02web.zoom.us/rec/play/yd0zKUPxxbYlweSkuZY3Kt3s3gLHggGZiTzuus9Ng4t60IuiI2HfruJ4HwNNRAjZhas9o6LLya5CY2FE.NjIsp8xRg38fxdF6

B. Rising against war economies, for life, health and climate justice (8 May 2026), organised by Juliette Mattijsen

Ongoing wars, occupation, genocide, and military violence are shaping people's lives across the world, from Palestine, Iran, and Lebanon to Yemen, Sudan, and the Democratic Republic of Congo. These conflicts are sustained by global systems of militarisation, including Western military alliances, arms flows, and direct interventions. The ongoing Genocide on Palestine erased entire families, destroyed communities. In Lebanon and Iran, bombardment and escalation have devastated infrastructure and civilian life. The long-standing blockade on Cuba continues to restrict access to essential resources and medicines. Across these contexts, health systems are repeatedly targeted or collapse under pressure, leaving people without care while trauma and environmental damage scar communities for generations. Meanwhile militarisation is accelerating across Europe and the

North Atlantic. EU institutions are redirecting public resources toward defence structures such as the European Defence Fund and PESCO, embedding military priorities across policy areas. This is reinforced by expanding NATO spending targets, rising toward up to 5% of GDP by 2035, diverting resources away from health systems, social protection, and climate action. A global arms trade worth tens of billions annually, within a trillion-dollar military economy, relies on systemic corruption and close ties between governments and private contractors. This model concentrates wealth among shareholders while limiting states' ability to meet people's needs. Yet across Palestine, Lebanon, Iran, Yemen, Sudan, Congo, Cuba, Colombia and beyond, communities continue to resist military aggression and imperialist war economies through protest, survival, solidarity, and demands for dignity. At the same time, states in the Global South, including South Africa, Malaysia, and Colombia, are speaking out against genocide, war crimes, and militarised global governance, calling for accountability, ceasefires, and a shift toward justice, health, and climate stability.

Speakers:

- Sonny Africa (Executive Director IBON Foundation, Philippines)
- Baijayanta Mukhopadhyay (MD & PHM Canada)
- Ubai al Aboudi (Executive Director Bisan Centre, Palestine)
- Alicia Maldonado (MD & Climate Advocate, PHM, Peru)
- Yaelle Fouvy (PHM Europe & Health Workers for Palestine Switzerland)

Session Recording:

https://us02web.zoom.us/rec/play/WzlnTBJWMvNHDfNpjt-MSIeHU9ARSiWQ3mszNDEVTPFDUdXOKsHEV5eV5tG-2mv4YITth2DEpX20X1GU.OLiPFenwuHZomo6z

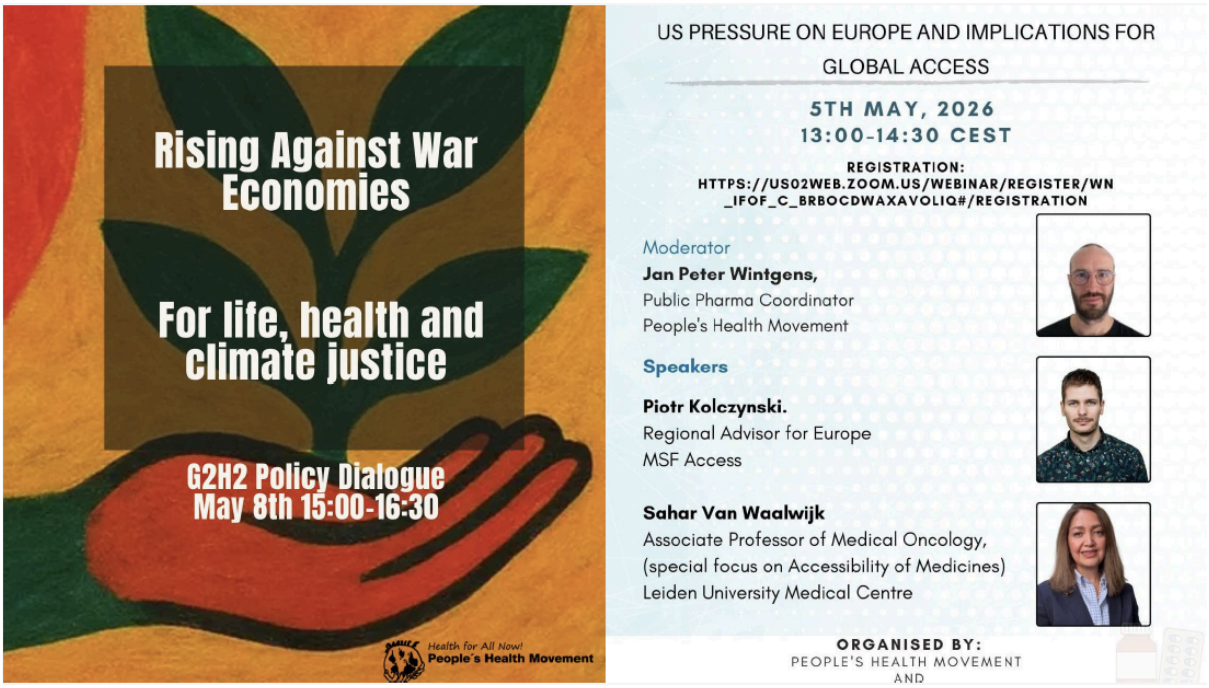
C. From India to the World: PABS Negotiations, Public Pharma and the Future of Equitable Global Health Governance (5 May 2026), Lauren participated as speaker

The COVID-19 pandemic has profoundly shaped debates on equity in access and distribution of health technologies, both during the crisis and in its aftermath, including the adoption of the Pandemic Agreement at WHO in May 2025 and the ongoing negotiations on its Pathogen Access and Benefit-Sharing (PABS) mechanism. India, as one of the world's largest pharmaceutical producers played a central role during the pandemic, including through the large-scale production of the Covishield vaccine and its prominent position in debates on a TRIPS waiver. This webinar provides a timely opportunity to present and discuss emerging evidence and perspectives on PABS negotiations within the broader multilateral health landscape. The session will spotlight insights from the forthcoming study ***"India's Global Health Role in the Post-Covid Order"*** by Satya Sivaraman. The study examines India's pharmaceutical policies and global health engagement, with a focus on the Pandemic Agreement and PABS negotiations, while also reflecting on persistent gaps in technology transfer and regional production capacities, especially in Africa. Lauren Paremoer will

contextualize the India case study linking it to the broader global health discourse and the current negotiations on the PA.

Session Recording:

https://us02web.zoom.us/rec/play/q3s_kF68r2KsnPt1eny7ZyV71kcUL4qW_sy05w3Ba_uVovfdlyFqARuq637g79ukLvEDNWoKdl0fuyk.-eryZ_VriBv9XXSF



2. PARTICIPATION IN SIDE-EVENTS

A. Formal participation

PHM was invited to participate in a side-event at WHA79 which focused on Primary Health Care, and James van Duuren spoke on the panel in his capacity as Chair of PHM South Africa. Dian Maria Blandina organized a side-event for UNU on the work of the Council on the Economics of Health for All, which was well attended by the Watchers. An ex-watcher, Dr Nafis Faizi, participated remotely in a side-event on AMR.

B. Interventions

During the World Health Assembly, PHM Watchers actively intervened in a range of side events to bring a political economy perspective into discussions that are often framed in technical terms.

At a side event on Antimicrobial Resistance (AMR), PHM highlighted how colonial histories and ongoing unequal agricultural systems have shaped current patterns of industrial farming, antimicrobial use, and global health inequities.

During discussions on the proposed Fossil Fuel Treaty, PHM stressed that countries subjected to illegal sanctions or other forms of structural coercion cannot be held to the same standards or responsibilities as the states and corporations that have historically driven emissions and continue to benefit from fossil fuel extraction. Climate accountability must be grounded in principles of equity and historical responsibility.

At the side event on Health and Peace, PHM emphasized the commercial determinants of health, drawing attention to the global arms industry as a major driver of ill health, displacement, and destruction. PHM argued that the accelerating militarisation and arms race, particularly among NATO countries, not only contributes directly to the killing of civilians and the destruction of health systems worldwide, but also diverts public resources away from health and social protection, reinforcing austerity in the Global North while exacerbating health crises globally.

Finally, during the UNRWA side event on Palestine, PHM presented its ongoing solidarity work and advocacy initiatives, including international fundraising for Al-Awda Hospital, the campaign to boycott TEVA, and the campaign calling for the suspension of the Israeli Medical Association (IMA) from the World Medical Association due to its failure to uphold medical neutrality and condemn attacks on healthcare.

3. Collaboration with other civil society organisations

Contributing to building civil society alliances

Watchers attended the G2H2 CSO meeting and offered input on the future work of G2H2, including its ongoing efforts to establish a Global Health Governance training programme for health activists. The meeting was hosted by the World Council of Churches, and it also gave PHM a chance to reconnect with Dr. Manoj Kurian, who indicated that he is keen to reanimate the relationship.

The team collaborated on statements with PSI on Palestine and Corporate Accountability on Antimicrobial resistance and the Global Health Architecture, and had meet ups on collaboration during and after the World Health Assembly with Movendi International, PSI, Medicus Mundi, Corporate Accountability, TWN, IPPNW and G2H2.

Together with G2H2, the PHM Watch Team organized a civil society meeting to explore how civil society organizations could strengthen alliances and increase their collective influence during the World Health Assembly and beyond. The discussion brought together participants from a range of civil society organizations and stakeholder groups to reflect on opportunities for greater coordination, information sharing, and joint advocacy.

A key conclusion was the strong appetite for more structured opportunities to meet throughout the WHA. Participants expressed a preference for regular in-person briefings to debrief civil society stakeholders on negotiation developments, share updates on key agenda items, exchange advocacy strategies, and identify opportunities for coordinated action. The preferred format was an on-site morning meeting at the start of each WHA day, providing a space for collective planning before formal negotiations and side events commenced.

4. Regional Representation:

PSI Argentina worked with Steering Council member Carmen Baez of PHM Argentina to deliver a petition to the WHO DG indicating Argentinian civil society's support for Argentina to remain in the WHO. 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.

5. USE OF AN INDEPENDENT CASH COMPLAINTS CHANNEL

The CASH policy was discussed with Watchers at the beginning of the workshop. Ana Vracar agreed to serve as an independent channel for receiving CASH related complaints, should Watchers not be comfortable speaking to someone in the Geneva based team.

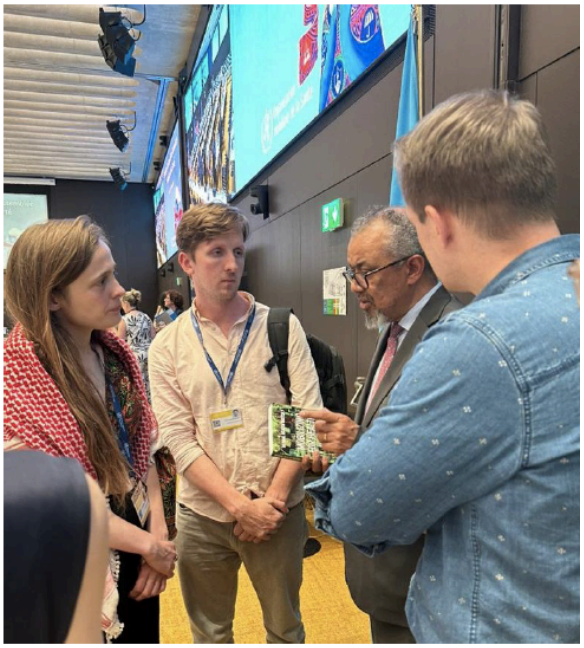
6. DAILY BRIEFS AND STATEMENTS

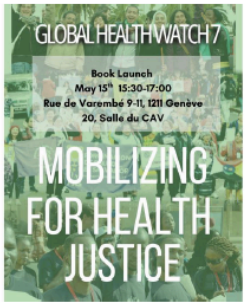
The team produced Daily Briefs and Statements which are available here:

https://phmovement.org/phm-79th-world-health-assembly

7. GHW7 LAUNCH

The team supported Ron Labonte in organizing the launch of GHW7 in Geneva. Dian Maria Blandina and Juliette Mattijsen helped to find the venue for the launch. Ben Verboom organized for the printing of several copies of the book and transported them to Geneva. Ron Labonte sponsored the printing of the books. During the Assembly, the Watchers handed over a copy of WHA7 to WHO DG Dr. Tedros.





8. GHW8 Planning Meeting

A planning meeting for GHW8 happened on the weekend after the workshop finished. The hybrid meeting focused on developing a list of proposed chapters, authors, and members of an editorial collective.

9. Social Media and Illustrations

A sub-group of Watchers focused on creating social media content and created timely and visually appealing posts describing the political work being done by the team. Gayatri Sharma is an illustrator and contributed some illustrations to the Policy Brief.

10. Protest Actions

Watchers participated in a protest in support of including legally binding measures in the PABS Annex that would guarantee transparency, accountability, and meaningful benefit-sharing for parties to the Annex. Watchers also participated in various Palestine solidarity actions and protests.

Moreover WHO Watch team met with the Local Health Workers for Palestine movement and joined one of their protests in the centre of Geneva. One of the Watchers held a speech to share PHM's campaigns.

Recommendations for Future WHO Watches (Dependent on Funding and Support for Coordination)

1. Secure sustainable funding for a dedicated coordinator.
   Future Watches should include funding for at least a part-time coordinator responsible for year-round programme management, fundraising, workshop preparation, team coordination, dissemination of outputs, and post-WHA follow-up. This would substantially reduce the workload currently carried by volunteers and improve programme continuity.
2. Re-establish an annual Executive Board (EB) Watch.
   Since the Executive Board shapes much of the agenda before the World Health Assembly, PHM should prioritise rebuilding its presence at the January EB meeting. Earlier engagement would create more opportunities to influence negotiations before positions become fixed.
3. Develop WHO Watch into a year-round capacity-building programme.
   Rather than concentrating training immediately before the Assembly, Watchers should participate in regular online seminars, writing workshops, and policy briefings throughout the year. This would deepen expertise, strengthen regional engagement, and improve preparedness for both the EB and WHA.
4. Strengthen regional advocacy beyond monitoring.
   Watchers could continue moving beyond observation by preparing coordinated interventions at regional processes and events, engaging directly with Member States in their regions, contributing to civil society processes, and proactively introducing PHM's political economy analysis into regional and global health debates.
5. Invest in the sustainability of the WHO Tracker and knowledge infrastructure.
   The WHO Tracker should continue to be a permanent collective resource supported by dedicated funding, technical maintenance, and contributions from a wider network of students, researchers, and volunteers, ensuring institutional memory across successive Watches.
6. Improve practical skills training and restore a five-day workshop.
   Future workshops should return to a five-day format to allow more time for practical skills such

as note-taking, negotiation analysis, advocacy, media engagement, political writing, and coordination within the team, alongside discussions on shared protocols for AI use.

7. Continue to integrate PHM campaigns more systematically into WHO Watch activities.
   Future Watches could continue to connect Assembly advocacy with broader PHM campaigns, including Public Pharma, the commercial determinants of health, climate justice, anti-militarisation, and the right to health in Palestine, so that interventions reinforce long-term movement priorities rather than remaining isolated advocacy moments.
8. Strengthen post-WHA follow-up and regional dissemination.
   The impact of WHO Watch should continue after the Assembly through regional debriefings, webinars, publications, movement-building activities, and engagement with national campaigns. Supporting Watchers to translate WHA outcomes into advocacy within their own countries will maximise the programme's long-term political impact.
