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# Country report

Multilateral Dialogue Geneva



## Geneva Telegram on the 77<sup>th</sup> World Health Assembly

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The "Geneva Telegram" deals with events in Geneva's multilateral organizations on a current topic, this time the 77th World Health Assembly (WHA), which met in Geneva from May 27 to June 1, 2024.

The 77th session of the World Health Assembly (WHA) marked significant progress in the global health agenda. A milestone was the adoption of the 14th General Programme of Work (GPW14) 2025-2028, which defines the future priorities and strategies of the World Health Organization (WHO). Another key topic was the launch of the investment round, which is expected to culminate in November at the G20 summit in Brasília, to make WHO's financing more predictable, flexible, and resilient.

The conclusion of the International Health Regulations was celebrated as a victory for multilateralism, as was the extension of negotiations on a pandemic agreement by one year. To achieve a high-quality pandemic agreement and not miss the deadline again, it was important that the WHA defined a reasonable period for the completion of the work. This allows Member States to rotate the chairpersons of the negotiating body without jeopardising the success of the work.

In view of the high-level session of the UN General Assembly on 26 September, special attention was paid to the decisions on accelerating national and global responses to antimicrobial resistance. The fight against malaria was also prominently placed on the agenda, as it had recently lost momentum and vaccination rates have declined.

In a geopolitically tense environment, however, there were also profound differences of opinion. The application for observer status for

Taiwan was again rejected. On the Israel-Palestine issue, there were five rounds of voting by roll call on the resolution on the general health situation there and on a resolution adopted in December on health and humanitarian conditions in the Gaza Strip since October 7, which calls for the protection of civilians and medical personnel and for unhindered access to humanitarian aid and medical care. Israel was elected to the WHO's Executive Board, which also caused discussion, but succeeded without a vote. The war in Ukraine also overshadowed the meeting again, with a resolution by Russia that dealt with the health emergency in and around Ukraine in general without specifying the cause being rejected.

Finally, a resolution to "strengthen health emergency preparedness in the wake of natural disasters" caused tension over gender-specific wording. It was adopted with eight votes against.

This year's gathering reflected both the progress and challenges in global health diplomacy. The decisions and discussions of the 77th World Health Assembly will have far-reaching implications for the future health landscape.

### Member States approve the Work Programme 2025-2028

The WHO's Fourteenth General Programme of Work (GPW 14)<sup>1</sup> for the years 2025-2028 provides

<sup>1</sup> The work programme can be found [here](#).

a *roadmap* for global health and aims to support Member States and partners in getting the health-related Sustainable Development Goals (SDGs) back on track and future-proofing health systems. It considers the major changes since the introduction of the SDGs, such as climate change, ageing, migration, and technological advances.

After a ten-month consultation process with Member States and partners, the programme of work was adopted by the World Health Assembly.

The six strategic goals of GPW14 are:

1. Responding to health threats from climate change
2. Addressing the determinants of health in different sectors
3. Strengthening primary health care
4. Improving health care and financial protection
5. Prevention and preparation for health risks
6. Rapid detection and response to health emergencies

The plan includes equipping 10,000 health facilities with solar power, training 3.2 million health workers and supporting 150 million people in crises. The 77th World Health Assembly approved a budget of 11.1 billion US dollars to promote and protect global health in times of change.

## WHO Investment Round Launched

The World Health Organization (WHO) had already launched its first round of investment on 26 May 2024 to secure sustainable financing for its "Health for All" mandate. This happened in the run-up to the 77th World Health Assembly. The investment round is the fourth part of the transformation of WHO funding and thus also part of the transformation of the organization.<sup>2</sup>

At the beginning of the World Health Assembly, the WHO launched its call for investment, which aims to secure the financing of the work programme for the next 4 years in advance in a sustainable and predictable manner. USD 4 billion is expected from assessed contributions and the remaining USD 7 billion is to be mobilised by the investment round.

During the 77th World Health Assembly, Member States and the European Union expressed their support. The investment round will culminate in a meeting in November to obtain concrete financing commitments, hosted by Brazil during the G20 summit. Co-hosts will be France, Germany and Norway.

WHO Director-General Dr Tedros Adhanom Ghebreyesus stressed the importance of flexible, predictable, and resilient financing. This would allow the WHO to free itself from the accusation that the priorities of its work were controlled by donors and thus not determined by the Member States, which had arisen through earmarked grants. Singapore announced a contribution of USD 18 million, and the European Commission promised over EUR 250 million. The Institute of Philanthropy pledged USD 1.2 million for the health of migrants and displaced people.

## Pandemic agreement under extension, International Health Regulations successfully adopted

The negotiations on the pandemic agreement and the International Health Regulations kept the negotiators of the member states on tenterhooks during the ongoing World Health Assembly (WHA), as they were still given time to advance their work in a joint working group until the end of the assembly. It remained tension-filled until the end to see whether it would be possible to finalise the draft amendment to the IHR (2005) and to agree on a time frame and format for finalising the pandemic agreement.

## Intergovernmental Negotiating Body (INB) on the Pandemic Agreement

Despite all the negotiation difficulties, the member states were able to agree to continue negotiations on a WHO pandemic agreement and to conclude them by May 2025 (78th World Health Assembly) at the latest.<sup>3</sup> If the intergovernmental working group concludes earlier, a special meeting of the WHA with only this agenda item at the end of the year is also possible. There is agreement on more than half of the articles, 17 articles

<sup>2</sup> Initially, the WHO had expanded the circle of its donors for voluntary donations. Then the WHO Foundation was established to better involve the private sector in particular, and finally, in 2022, the WHO member states had the gradual increase in the share of fixed

contributions of the member states in the WHO budget to 50% by 2030/31.

<sup>3</sup> You can find the decision [here](#).

remain to be negotiated, including prevention/One Health and technology transfer, as well as the concrete design of the system for pathogen access and benefit-sharing (PABS).

In the last round of INB9 negotiations, the PABS system was at the heart of the negotiations, so no progress was made on the other two.

The question of financing is essentially agreed, as the solution for the IHR can be used for the pandemic agreement (see there).

The next meeting of the INB is planned for July to determine the further schedule. This meeting will also show what changes the Member States will make to the Co-Chairs and Vice-Chairs.<sup>4</sup>

### International Health Regulations

While the pandemic agreement is therefore being extended, the amendments to the International Health Regulations (IHR) were finalised at the WHA.<sup>5</sup> They are crucial as they promote and align cooperation and coordination between countries in addressing global health threats, even beyond the specific case of a pandemic. The scope of application will also be extended to pandemic emergencies that have not yet been explicitly mentioned. To this end, information and consultation obligations for the affected countries will be extended, especially after the difficult experiences with China during Covid19, regarding the immediate transfer of information, but also in the provision of information about the origin of the virus.

The cornerstone of the IHR remains the "Health Emergency of International Concern" (PHEIC). While the world reacted little or only slowly to the declaration of the PHEIC in the case of COVID on January 30, 2020, the seriousness of the situation was only recognized when it was named a pandemic on March 11, 2020. In this respect, it is to be welcomed that the PHEIC will be supplemented by a pandemic-related assessment with the revision of the IHR, so that the WHO will also be able to officially declare a "pandemic emergency" in the future.<sup>6</sup> A "pandemic emergency" occurs when a PHEIC is caused by a communicable disease and

spreads to multiple WHO member states in different regions, overwhelming health systems in those countries while causing social and economic disruption, requiring swift, equitable and coordinated international action.

To promote the implementation of the IHR, which has so far been partly inadequate, national IHR authorities (Art. 4) are to coordinate the implementation of the IHR in the future. Member States continue to commit to regular self-review (Annex 1, para. 2 Part A) and reporting on it.

It is also progressive that the WHO is developing standards for digital certificates based on the adapted regulations (Art. 35), which solve the problematic and coordination-intensive coexistence of different solutions, e.g. for vaccination certificates, in the past.

After the unfair distribution of vaccines during the COVID19 pandemic, which was much criticised by developing countries, Article 13 of the IHR became particularly important: the concretisation of distributive justice and solidarity, especially in connection with health products in emergencies. The WHO is to facilitate access to health products during international health emergencies. The Director-General is to conduct and publish health needs assessments, ensure access through coordinated mechanisms, support Member States in the production of health products, provide product dossiers on request, and promote research and local production. Member States should support the WHO and promote equitable access to health products and, where possible, disclose the terms of their research and development agreements. No agreement could be reached on technology transfer, so that the half-sentence on voluntary technology transfer on mutually agreed terms was not included in the final document but will certainly still cause tensions in the negotiations of the pandemic agreement.

And finally, on financing: The IHR will not have any new/additional funding pots, but a so-called mechanism that creates transparency about the scope and direction of existing funds and ensures

<sup>4</sup> In particular, the two co-chairs Precious Matsoso (ZAF) and Roland Driecé (NLD) were heavily criticised for insufficient guidance and a lack of impulse reception from the member states. In both countries, however, the governments are currently being reconstituted, and Japan has already announced that it will withdraw as vice-chairman for the Western Pacific region.

<sup>5</sup> The unified version of the International Health Regulations can be found [here](#).

<sup>6</sup> The option discussed in the meantime to define a preliminary stage to warn the contracting states was dropped again.

that they are used efficiently in accordance with the IHR (Art. 44bis). Existing financial resources must be coordinated and adapted in such a way that they promote the implementation of the IHR and provide effective support to states in need of financial support. This mechanism is under the authority of the World Health Assembly. So far, however, according to diplomatic circles, no agreement has been reached on where the coordination mechanism will be located. Even under like-minded, no vote for the Pandemic Fund<sup>7</sup> was possible here.

The adoption of the International Health Regulations was celebrated as a great success in the plenary, especially after the very intensive last weeks of negotiations in both processes since mid-April. Member States have shown that compromises are possible, even if not all Member States will accept the amendments. Due to the formation of a new government after the parliamentary elections, the Netherlands had already reserved the right to check whether to make use of the 10-month rejection period, as had Slovakia. Otherwise, it is envisaged that the revised IHR will enter into force 12 months after receipt of the so-called notification by the Director-General by the Member States. The success of the negotiations is largely due to co-chair Ashley Bloomfield, who made an unprecedented contribution to the success of the negotiations with objectivity and high focus.

### **Politically charged mood on health conditions in the Palestinian territories: Six votes**

Intensive discussions revolved around the health conditions in the Palestinian territories. A central point of the discussion was a decision aimed at strengthening WHO's monitoring of the health situation in the Gaza Strip.<sup>8</sup> This decision calls on the WHO to prepare reports on the humanitarian crisis and the health care situation in Gaza. Israel introduced an amendment calling for the immediate and unconditional release of all hostages held in

Gaza and condemning the use of health facilities by armed groups.<sup>9</sup> This amendment was adopted, which again led to intense debates. The initiators of the resolution then introduced three other amendments condemning attacks on medical and humanitarian facilities and taking up the interim measures of the International Court of Justice. These were also accepted.<sup>10</sup> The final resolution was adopted by 102 votes in favour and 6 against, although some countries distanced themselves from certain sections of the resolution.

Furthermore, a resolution of the special meeting of the Administrative Council on the Israel-Palestine issue in December 2023 was voted on.<sup>11</sup> It emphasizes the dire humanitarian situation in the Gaza Strip, the widespread destruction of health facilities and the need to protect civilians and medical personnel in accordance with international humanitarian law. It calls for immediate, unhindered access to humanitarian aid and medical care, as well as international support for the reconstruction of the health system in the occupied Palestinian territories. This resolution was adopted by 93 votes to 2. In the debate on the vote, Palestine stressed the need to implement the report's recommendations. Malaysia condemned Israeli aggression in Gaza, highlighting the severe impact on health infrastructure, and calling for an end to hostilities and unhindered access to humanitarian assistance.

Finally, the Assembly voted in favour of a resolution that aligns Palestine's participation in the WHO with its participation in the United Nations.<sup>12</sup> This resolution, adopted by 101 votes in favour and 5 against, grants the Palestinian Authority all the rights of WHO member states, except for the right to vote. The US rejected this measure, stressing that the creation of a Palestinian state could only be achieved through negotiations.

Despite the tensions, Israel was elected to the WHO Executive Board. Some states expressed concerns about this decision, stressing the need to uphold the health rights of all people in the region.

<sup>7</sup> The Pandemic Fund was launched in June 2022. It was born out of the need to improve global preparedness for future pandemics and to use the lessons learned from the COVID-19 pandemic to strengthen the resilience of health systems worldwide. It supports projects to strengthen health systems, improve disease surveillance, and promote the development of vaccines and therapeutic interventions.

<sup>8</sup> The original decision can be found [here](#).

<sup>9</sup> Israel's amendment can be found [here](#).

<sup>10</sup> The other three amendments by the original initiators of the decision can be found [here](#).

<sup>11</sup> The resolution of the special meeting of Executive Board can be found [here](#).

<sup>12</sup> The resolution can be found [here](#).

The discussions and votes on this issue show the highly polarised attitude of the international community. Despite geopolitical tensions, it remains called upon to find solutions that consider the health needs of the affected population.

### Debate on gender-related language in natural disaster resolution

The resolution on strengthening member states' emergency response capacities in the event of natural disasters<sup>13</sup> met with unexpectedly strong resistance due to gender-related terminology. This is despite the increasing urgency to adapt health services to more frequent extreme weather events caused by climate change.

The proposal aimed to ensure that countries provide essential health services during and after natural disasters, including primary care, surgical services, and gender violence addressing services.

A last-minute amendment, proposed by Egypt, Nigeria, Russia and Saudi Arabia, tried to replace the term *gender-responsive*<sup>14</sup>, but was rejected by 67 votes to 27.

Following the vote, several opponents of this amendment stressed the need to address the unequal impact of disasters on women and girls and to promote the inclusion of sexual and reproductive health services as part of universal health coverage.

### Antimicrobial resistance: From Geneva to New York

At the World Health Assembly and at a strategic roundtable dedicated to this topic<sup>15</sup>, Member States discussed the fight against antimicrobial resistance (AMR) intensively. The discussion aimed to ensure an accelerated response to AMR and equitable access to prevention, diagnosis, and treatment of infections. Mia Mottley, the Prime Minister of Barbados, and Chair of the Global Leaders Group on AMR, emphasized the political importance of this issue, especially in view of the high-level session of the UN General Assembly in New York in September. AMR is a threat that urgently requires a coordinated, preventive, and adequately funded response to minimize the impact

on health systems worldwide. The challenges even in industrialized countries were vividly illustrated by the report of one of those affected.

The World Health Assembly itself adopted a resolution initiated by Thailand<sup>16</sup> calling on Member States to adopt a coordinated, long-term response to AMR, considering human, animal, and environmental health equally (One Health approach), welcoming WHO's efforts to combat AMR, and calling on Member States to commit to the political declaration of the UN Meeting on Antimicrobial Resistance<sup>17</sup> high-level. It is seen as an opportunity to adopt concrete measures to tackle AMR and to support the implementation of national action plans. The focus of the discussion was and remains for New York on financing, technology transfer and distributive justice - questions that had already caused a lot of controversy during the negotiations on the pandemic agreement.

### Strong support for the resolution on climate and health

At the initiative of the Netherlands and Peru, the World Health Assembly has adopted a landmark resolution on health and climate change, which is an urgent call to action. It recognises climate change as an immediate threat to global health and stresses the urgent need for decisive action to address the profound health risks posed by climate change.

The resolution, overwhelmingly supported by member states, provides an overview of the existential threat that climate change poses to human health. The World Health Assembly stresses that radical action is needed to protect the health of the planet, highlighting the interdependence of environmental protection and public health. In their statements, the delegates, especially from the small island states, but also from Mexico, referred to the already existing effects of climate change on the health of their populations.

The global health community is called upon to mobilize on an unprecedented scale and to strengthen and expand existing efforts to combat

<sup>13</sup> The resolution on "Strengthening health emergency preparedness for disasters caused by natural disasters" can be found [here](#).

<sup>14</sup> Measures are intended to eliminate existing gender inequalities.

<sup>15</sup> The recording of the event can [be viewed](#) here.

<sup>16</sup> The resolution can be found [here](#).

<sup>17</sup> The zero draft had been published here a few days before the start of the WHA .



climate change within its core functions. This includes prioritizing health aspects in national and international climate policy frameworks and supporting countries in building climate-resilient and low-carbon health systems.

By building capacity and providing technical assistance to national ministries of health, the actions agreed at the World Health Assembly will enable countries to implement robust climate-resilient health initiatives tailored to their unique circumstances and promote cross-sectoral actions that both promote health and contribute to climate change mitigation and adaptation. However, financing, technology transfer and capacity building remain key, according to developing countries.

Even though some countries, including the initiators from the Netherlands, regretted that fossil fuels are not explicitly named as a problem, the resolution marks a crucial moment in the fight against climate change and emphasizes the urgent need for joint action to protect both human health and the planet.

In the run-up to the World Health Assembly, the displeasure of some countries with references to gender-equitable/gender-sensitive measures had already ensured that these references were only considered in one place in the resolution. Nevertheless, Russia dissociated itself from this reference. Belgium, on behalf of the Member States of the European Union, regretted this step backwards, which could also have a negative impact on the effective work of the WHO.

The emphasis on the link between health, climate change and plastic pollution also met with resistance. Russia argued against focusing on the health sector in tackling plastic pollution and dissociated from the reference to the WHO ATACH initiative<sup>18</sup>.

## Other topics of the meeting in the shadow of attention

### Malaria

Climate change and extreme weather events threaten progress in the fight against malaria. Dr

Tedros Adhanom Ghebreyesus, Director-General of WHO, explained that recent extreme weather, such as floods in Malawi, has increased malaria transmission, affecting particularly vulnerable populations.

France expressed concern about insufficient funding for malaria control and stressed the need to integrate anti-malaria measures into national health plans. Costa Rica warned of new malaria parasite species due to climate change, which particularly endanger migrants. Colombia pointed out that changing ecosystems and increasing migration are increasing malaria transmission.

Due to increasing challenges, several countries renewed their commitment to malaria elimination. Malawi is committed to a plan to eliminate malaria by 2030, while Cape Verde recently became malaria-free and is now one of the 43 countries to receive this award from the WHO. Papua New Guinea emphasized the importance of partnerships for its malaria control initiatives.

The WHO is pursuing a strategy to combat malaria at various levels, which includes new guidelines as well as tools such as a malaria vaccine. Dr Jérôme Salomon, Assistant Director-General for Universal Health Coverage, Communicable and Non-Communicable Diseases, emphasized the urgency of combating climate change through proactive action and investing in primary health care. A delegate from Chad pointed to funding shortages, and African countries called for more political commitments and international aid that is in line with their national policies.

### New impetus for maternal and child health

Progress in reducing maternal and child mortality is stagnating. Every year, 287,000 women die during pregnancy or childbirth, 4.9 million children die before their fifth birthday from preventable causes, and there are 1.9 million stillbirths.

The resolution aims to revive the commitment of WHO member states and calls on them to improve access to quality health services for women before, during and after pregnancy, as well as for newborns and children. Specific actions include

aims to promote climate-resilient health facilities, facilitate the sharing of knowledge and support voluntary country commitments to the gradual implementation of low-carbon and ultimately climate-neutral targets.

<sup>18</sup> The Alliance for Transformative Action on Climate and Health (ATACH) is an initiative of the World Health Organization (WHO) that aims to address the link between climate and health and promote actions that promote health while combating climate change. Launched at the UN Climate Change Conference (COP 26) in 2021, it

scaling up evidence-based interventions to achieve global health goals, promoting access to quality care for normal births and obstetric complications, and implementing a universal neonatal screening program. Member States are encouraged to develop high-quality and integrated child health services and to restore progress in childhood vaccination.

WHO calls on countries to expand access to universal health coverage and strengthen primary care to reduce maternal and child mortality. Countries are committed to addressing the leading causes of maternal and child mortality and improving the quality of care. The resolution is reviewed every two years to assess progress.

### **Honoring Mia Mottley, Professor Katalin Karikó and Professor Drew Weissmann**

Finally, at the World Health Assembly, WHO Director-General Dr Tedros Adhanom Ghebreyesus presented the Global Health Award to the Prime Minister of Barbados and two scientists. Mia Mottley, Prime Minister of Barbados, was honored for her leadership on climate change and as Chair of the *Global Leaders Group on Antimicrobial Resistance*. Professor Katalin Karikó and Professor Drew Weissman from the University of Pennsylvania received the award for their groundbreaking development of the mRNA vaccines against COVID-19. Dr Tedros emphasized the importance of their contributions to global health and recognized their outstanding achievements.

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