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Country report

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KONRAD ADENAUER STIFTUNG

Global Health at the Crossroads of Reform and Rivalry: The 2025 World Health Assembly of the WHO

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The "Multilateral Dialogue Geneva" focuses on current developments within Geneva's international organizations, this time reporting on the 78th World Health Assembly (WHA), which convened from 19 to 27 May 2025 in the restored Palais des Nations overlooking Lake Geneva. Despite numerous challenges and obstacles, the conference ultimately proved successful.

The 78th World Health Assembly (WHA78) offered a realistic reflection of the state of the global health system: on the one hand, member states' ever-increasing expectations of the WHO; on the other, structural and financial constraints that threaten to severely limit its capacity for action. The Assembly itself took place against a backdrop of persistent geopolitical tensions and challenges—evident, for instance, in the conspicuous absence of the United States and the ongoing dispute over Taiwan's status within the organization.

Despite unfavourable circumstances, key health policy initiatives with the potential to benefit future generations were adopted or reaffirmed. These include a multilateral pandemic agreement, the next steps in reforming the International Health Regulations (IHR), and—recognizing the signs of the times—a global climate action plan. Further, new health priorities were incorporated into the WHO agenda, signalling that while global cooperation remains arduous, it can, under pressure, yield essential results.

Structural and Financial Deficits as the Backdrop for the Near Future

The WHO faces one of the greatest financial challenges in its history. For the period 2025–2027, a structural deficit exceeding 2.5 billion US dollars looms, which could have a lasting impact on the organization's ability to act. A reduction of approximately 30 percent in core WHO staff at the middle management level has already been announced, as revealed in advance by the Programme, Budget and Administration Committee of the Executive Board.[1] Several esteemed Assistant Directors-General, including Catharina Böhme and Bruce Aylward, as well as Deputy Director-General Mike Ryan, are leaving the leadership team as part of unavoidable cutbacks.[2] Simultaneously, the WHO is shifting expertise from its Geneva headquarters to more strategically located regional and country offices to enhance efficiency and proximity to member states.

At WHA78, member states adopted a budget of 6.83 billion US dollars for 2024–2025; for 2026–2027, a base programme budget of just 4.2 billion US dollars was set, for the first time entirely based on the 14th General Programme of Work (GPW 14). This budget represents a 22 percent reduction

[1] Health Policy Watch reports on this in detail.

[2] In the new management team, Chikwe Ihekweazu will take over the WHO emergency programs, Jeremy Farrar the new program area of health promotion, disease prevention and control, Yukiko Nakatani will be responsible for the area of health systems and Sylvie Briand will be the new Chief Scientist. Raul Thomas remains responsible for business operations and Razia Pendse as "Chef du Cabinet".

compared to previous plans, primarily affecting operational areas such as technical support and emergency programmes. The staff reductions will be felt most keenly at the middle management level.

To ensure financial sustainability, a second increase in assessed contributions by 20 percent for 2026–2027 was agreed. The aim is to raise the share of assessed contributions to 50 percent of the core budget by 2030 at the latest.[3] The latest investment round mobilized at least 210 million US dollars in new funds, including flexible and first-time contributions.[4] By April 2025, a total of 1.7 billion US dollars had already been pledged. The WHO Foundation and new philanthropic partners are further diversifying funding sources—a crucial step to reduce dependence on a handful of major donors, who have played a significant role in the current financial shock. Through the "One World Movement," nearly 8,000 individuals worldwide have donated almost 600,000 US dollars, expressing their personal support.[5]

Despite these efforts, the financial situation remains tense. Imminent and already effective cuts in external support for global health—up to 40 percent in 2025—led to the adoption of a resolution to strengthen health financing.[6] This calls for increased domestic resources, improved public finance systems, and a stronger role for the WHO in supporting sustainable health systems. Countries are urged to reduce their reliance on external funding and mobilize their own resources, for example through improved tax administration or mandatory health insurance. Ultimately, the goal is to retain funds within the system and manage them with even greater care.

Pandemic Accord and Revised Health Regulations on their way

Despite these sobering circumstances, WHA78 marked a historic moment for global health diplomacy: after just three years of intensive negotiations—driven by the deficits and inequalities laid bare by the COVID-19 pandemic—member states adopted the first dedicated international legal instrument for the prevention, preparedness, and response to future pandemics, an initiative spearheaded in part by Germany.[7] The agreement aims to strengthen international cooperation and enable a more equitable and effective crisis response. It emphasizes improved information sharing, faster identification of pathogens, and equal access to medical countermeasures. A central element is the planned introduction of a "Pathogen Access and Benefits Sharing" mechanism (PABS), which will regulate access to biological samples and genetic data and ensure that resulting benefits—such as vaccines or therapies—are distributed fairly worldwide. The details of this mechanism are being prepared by an intergovernmental working group, which will present its results at the next World Health Assembly.

The agreement explicitly upholds national sovereignty: neither the WHO nor its Director-General will have the authority to mandate national laws or measures such as vaccination requirements, lockdowns, or travel restrictions. Implementation and adaptation of measures remain the responsibility of individual states, which are, however, encouraged to organize themselves in a more collaborative manner. In line with democratic principles, the entire agreement will be submitted for signature and ratification by national parliaments after the PABS annex is finalized, and will enter into force following 60 ratifications. In Germany, the Bundestag will have the final say.

The international response to the pandemic agreement was overwhelmingly positive.[8] WHO Director-General Dr Tedros Adhanom Ghebreyesus hailed the accord as a "victory for public health, science, and multilateralism." Assembly President Dr Teodoro Herbosa underscored its historic significance and urged that the urgency shown in negotiations be maintained during implementation.[9] The committee vote was 124 in favour, 0 against, and 11 abstentions, reflecting broad support but also some lingering reservations by some states.

In parallel, the entry into force of the revised International Health Regulations (IHR), agreed in 2024,

[3] This was decided at WHA75 in May 2022.
[4] Another high-level donor conference was held on the margins of this year's WHA.
[5] The campaign can be found here.
[6] The resolution can be found here.
[7] The final text can be found here.
[8] For example, reports from Deutschlandfunk and the French Canadian newspaper Le Devoir.
[9] Initial reactions can be found in this press release.

was confirmed for 19 September 2025. These will complement the pandemic agreement. For the first time, the IHR will allow the declaration of a "pandemic emergency," thereby strengthening international coordination in health crises. Member states commit to greater transparency and the establishment of national IHR coordination centers. In 2024, the WHO evaluated over 1.2 million reports of public health risks and identified 429 events with potential international implications. Almost all member states submitted their self-assessment reports.[10] Key questions regarding the fair distribution of medical products in emergencies remain unresolved and will be addressed in annex negotiations. In any case, the WHO is to facilitate access to health products and assist member states in production; a mechanism to coordinate existing financial resources will also promote IHR implementation.

Overall, the World Health Assembly has set the course for an improved global health architecture—even though these instruments must still be effectively utilized, and the real work of implementation and detailed design is only just beginning.

Climate Change and Health as a Recognized Field of Discussion

The adoption of the first global action plan on climate and health for 2025–2028 was one of the most contentious yet progressive topics at WHA78.[11] An attempt by a Saudi-led coalition to delay the vote ultimately failed[12], and the plan was adopted despite resistance. The resolution acknowledges the existential threat that climate change poses to global health and calls for decisive national and international action. The action plan[13] aims to promote climate-resilient and low-emission health systems, protect vulnerable populations, and integrate health more closely into climate policy. Nearly 60 percent of the new emergencies to which the WHO responded in 2024 were climate-related, underscoring the overdue need for a corresponding shift in perspective. The Assembly also adopted a new roadmap to halve the health impacts of air pollution by 2040. Air pollution is responsible for approximately 7 million deaths annually and is recognized as the fifth leading risk factor for non-communicable diseases. WHO members have committed to addressing these facts together, offering hope for medium-term improvement.

Health Systems and Emergency Response Capabilities

The deliberations at the 78th World Health Assembly made clear that the immense strains on health systems worldwide are not only a humanitarian but also a political challenge. Many countries' health systems are on the brink of collapse. The situation in Gaza is particularly dire, with only 19 out of 36 hospitals functioning and 94 percent damaged or destroyed. The WHO is calling for an immediate and lasting ceasefire and unhindered humanitarian access. Between January 2024 and February 2025, there were 376 reported attacks on health facilities in Gaza, resulting in 286 deaths and 591 injuries. The health crisis in the West Bank has also worsened since January 2025.[14]

In 2024, the WHO responded to 51 emergencies in 89 countries, including cholera and mpox outbreaks, and supported 72 million people in humanitarian crises. In Ukraine, the WHO reached around 4.7 million people with medical assistance in 2024 and provided care for 400,000 refugees in neighbouring countries. Since February 2022, 2,254 attacks on health facilities have been verified, with 710 injured and 208 killed.[15]

Many member states, especially those from crisis regions, called for greater international solidarity and sustained support to strengthen the resilience of health systems—both in acute emergencies and in long-term preparedness for future crises. WHA78 thus reaffirmed that global health security can only be achieved through collective action and a commitment to protecting the most vulnerable.

[10] The Director-General's report on the implementation of the IHR can be found here.

[11] The resolution on climate and health was adopted by the WHA only last year with an overwhelming majority, although even then some countries, including the initiators from the Netherlands, had regretted that fossil fuels were not explicitly named as a problem.

[12] The countries of the region proposed hereby that informal consultations be initiated first and that the action plan not be adopted until next year.

[13] The plan can be found here.

[14] The WHO describes the situation in Gaza here.

[15] The Director-General's report can be found here.

Current Health Priorities and Focal Points for the Coming Years

Beyond the high-profile decisions on the pandemic accord, International Health Regulations, and climate change, the 78th World Health Assembly adopted a wide range of additional resolutions, both substantive and organizational. In the field of antimicrobial resistance, the Global Action Plan is to be updated and aligned with the goals of the 2024 UN General Assembly, aiming to reduce deaths from bacterial AMR by at least ten percent by 2030.[16] Member states reaffirmed the highly valued One Health approach, particularly in Germany, for a holistic view of animal, plant, and human health. They called for enhanced measures in prevention, diagnosis, and treatment, especially regarding technology transfer and equitable access to medicines.

In the digital sphere, the Global Strategy on Digital Health[17] was extended to 2027, and the development of a new strategy for 2028–2033 was commissioned. Since its initial adoption in 2020, 129 countries have developed national digital health strategies, and initiatives such as the Global Digital Health Certification Network now benefit 1.8 billion people in 80 countries. The Assembly emphasized the importance of digital transformation for the resilience and efficiency of health systems and called for stronger international cooperation and the promotion of ethical standards for artificial intelligence.

Traditional, complementary, and integrative medicine (TCIM) also received special attention with the adoption of a new global strategy for 2025–2034.[18] This strategy emphasizes a scientifically sound evidence base, the regulation and safety of procedures, and integration into national health systems where appropriate. In line with the German government's approach, the rights of indigenous peoples and aspects of environmental and biodiversity conservation are also considered.

A resolution initiated by Germany, among others, called for increased investment in the training, working conditions, and digital resources of health personnel. The global shortage of health workers is projected to reach 11.1 million by 2030, highlighting the urgency of these measures. The Assembly also endorsed the extension of the Global Strategic Directions for Nursing and Midwifery to 2030 and emphasized the central role of these professions in health systems worldwide.[19]

Another focus was on new initiatives to improve care for people with rare, kidney, and lung diseases, as well as for those with visual or hearing impairments. For the first time, a resolution on rare diseases was adopted at a WHA, addressing the needs of over 300 million people worldwide and more than 7,000 different conditions. The WHO will develop a 10-year action plan to improve diagnosis, treatment, and access to care for affected individuals. [20] Likewise, resolutions on kidney[21] and lung diseases[22] were adopted for the first time, calling for integrated strategies and increased investment in prevention and treatment. A resolution on eye and hearing health[23] was also passed, advocating better care for 2.2 billion people with visual impairment and 1.5 billion with hearing loss—particularly in low-income countries. Furthermore, 17 November was designated as World HPV Day (World Cervical Cancer Elimination Day) to promote the elimination of cervical cancer.[24]

Geopolitical Developments and Organizational Tasks

There were also notable geopolitical and organizational developments. At the suggestion of a group of predominantly Islamic states, China, and South Africa, the Assembly decided to fly the flags of United Nations observer states—particularly the Palestinian flag—at WHO, without conferring membership status.[25] This was an important signal to the international community, especially in the context of ongoing tensions in the Middle East. The regional reorganization of the WHO advanced with the official transfer of Indonesia from the

[16] The political declaration of the high-level meeting of the UN General Assembly can be found here.
[17] The global digital health strategy can be found here.
[18] The new strategy for 2025-2034 can be found here.
[19] The resolution can be found here.
[20] The resolution can be found here . The international classification code ICD-11 includes 5,500 rare diseases and their symptoms and is regularly updated with Orphanet.
[21] The resolution can be found here.
[22] The resolution can be found here.
[23] The resolution can be found here.
[24] The decision can be found here.
[25] The resolution can be found here.

South-East Asia Region (SEAR) to the Western Pacific Region (WPR).[26] SEAR thus loses a key player. This move is more than a mere formality; it has political-strategic as well as technical-operational implications for resource allocation. Indonesia may assume a stronger leadership role in its new region.

These decisions and arrangements underscore the complexity of the challenges facing the WHO and its member states. They demonstrate that, despite geopolitical tensions and financial constraints, there is a willingness to work together toward an improved global health architecture for all people worldwide.

Outlook: Global Health as a Promise Yet to Be Fulfilled

Once again, the adage holds true: after the WHA is before the WHA. While WHA78 vividly demonstrated how much global health depends on political will, financial solidarity, and multilateral compromise, WHA79 must still prove that the chosen path will be pursued effectively. The adoption of the pandemic agreement and the climate action plan are impressive achievements that highlight the WHO's potential to respond to new challenges in concert with its member states. At the same time, the Assembly revealed the limits of sincere but vulnerable multilateralism: structural and financial bottlenecks threaten to paralyze the organization's capacity for action, while geopolitical tensions—such as the absence of the USA or the ongoing dispute over Taiwan's observer status—strain cooperation.

The resolutions, particularly on the pandemic agreement and strengthening health systems, set important impulses for a more equitable and resilient health architecture. Yet, the real test lies ahead: the concretization and implementation of these resolutions will require not only political commitment but also sustainable financing and the willingness of all actors to subordinate national interests to global solidarity.

It must be critically noted that, despite all progress, the WHO continues to struggle with a trust deficit. The experience of the COVID-19 pandemic has shown that international agreements can quickly falter in the face of national self-interest, especially regarding the distribution of scarce resources. The new pandemic treaty is based on voluntary cooperation and transparency, foregoing binding sanctions. Thus, it remains to be seen whether the promises of equitable access to health products and sustainable pandemic prevention will be fulfilled in practice. However, the agreement explicitly obliges member states to develop national prevention strategies based on the One Health approach, which addresses the causes of pandemics at the human-animal-environment interface, thereby promoting a holistic, preventive health policy.

Moreover, the WHO risks losing independence and credibility due to its growing reliance on private donors and philanthropic foundations. The challenges of the coming years are immense: health crises in Gaza, Ukraine, and other conflict regions, the growing threat of climate change and antimicrobial resistance, and the urgent need to strengthen health systems worldwide demand even greater commitment from the international community.

WHA78 has demonstrated that the WHO can deliver under pressure. However, for the organization to continue fulfilling its role as the central authority in global health policy, member states must live up to their responsibilities—not merely in words, but in deeds. The WHO possesses the appropriate instruments, but their effectiveness depends on the international community's willingness to not only make promises, but also to keep them.

Much will continue to depend on the EU27 and Germany as driving forces.

[26] The resolution can be found here.

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