

June 2026

Geneva Telegram

Multilateral Dialogue Geneva



The 79th World Health Assembly 2026

Lindgard Buder

Under the theme “Reshaping global health: a shared responsibility,” the 79th World Health Assembly (WHA) of the World Health Organization (WHO) convened in Geneva from 18 to 23 May 2026. Rarely have technical health work, institutional reform and geopolitical tension intersected so sharply. Ongoing disease outbreaks, an increasingly strained financing environment, the continuing wars in Ukraine, Gaza and the wider Middle East, the first-ever absence of the United States, and Argentina's notification of withdrawal all shaped an unusually demanding assembly.

Alongside the outstanding negotiations on the PABS¹-annex to the WHO Pandemic Agreement, WHA79 addressed a broad technical agenda: antimicrobial resistance, the international recruitment of health personnel, stroke care, pharmacovigilance, emergency care, teleradiology, precision medicine, radiation protection, and the economics of health for all. A substantial share of the substantive work was accordingly carried out in committee. Meanwhile, plenary and procedural debates made clear that questions of sovereignty, financing, conflict, access to health innovations and pathogen data, and the scope of WHO's health policy mandate now reach deeply into the technical work of the organisation.

Political and epidemiological context of WHA79

The World Health Organization is the central inter-governmental institution for coordinating international health cooperation. Its Constitution assigns

the Organization the role of directing and coordinating international health work – a mandate that, in practice, extends to areas requiring collective action on transboundary health risks and shared global standards. Today, the implementation of this mandate unfolds under conditions of increased institutional and geopolitical complexity.

On the eve of the Assembly, WHO Director-General Dr Tedros Adhanom Ghebreyesus declared the Ebola outbreak in the Democratic Republic of the Congo and Uganda a Public Health Emergency of International Concern (PHEIC). This constitutes the Organization's second-highest alert level and marked the first instance in which a Director-General issued such a declaration prior to the formal convening of the relevant Emergency Committee. The decision reflected the assessment that the scale, speed, and regional transmission risks of the outbreak necessitated immediate international coordination². The outbreak is caused by the Bundibugyo virus, for which no licensed vaccines or specific therapeutics are currently available. During the Assembly, the situation deteriorated further. In the Democratic Republic of the Congo alone, confirmed cases tripled within one week, making it the third-largest Ebola outbreak on record. Several participants were compelled to cancel or interrupt their attendance in Geneva in order to support response operations in the affected regions.

Almost simultaneously, a Hantavirus outbreak aboard the *MV Hondius* was contained through contact tracing, quarantine and international coordination. Within a matter of days, the incident had required international notification chains, laboratory

¹ PABS stands for Pathogen Access and Benefit-Sharing. Access and Benefit-Sharing (ABS) refer to the principle that access to genetic resources, and associated data is granted only under pre agreed conditions, and that the benefits arising from their use are shared in a fair and equitable manner with the providers.

² Please find additional information here: <https://www.who.int/news/item/17-05-2026-epidemic-of-ebola-disease-in-the-democratic-republic-of-the-congo-and-uganda-determined-a-public-health-emergency-of-international-concern>

confirmation, medical evacuations, quarantine measures, contact tracing and the coordination of numerous states. Although neither event was formally placed on the agenda, both visibly shaped the atmosphere in Geneva and stressed the degree to which effective outbreak response depends on multilateral cooperation.

This epidemiological urgency coincided with a WHO whose political and financial foundations are increasingly under strain. In his opening remarks, Dr Tedros emphasised that the Organization, after years of expanding expectations, is now operating in an environment of constrained and more contested resources. The WHO estimates that approximately 90 per cent of its base budget for 2026 and 2027 has been pledged. However, these contributions have not yet been fully disbursed, and uncertainty persists regarding the mobilisation of the remaining 10 per cent. Member States failing to meet their assessed contributions risk suspension of their voting rights in 2027 – a sanction of particular consequence given that the new Director-General is to be elected that year.

An organisation with a technical mandate, whose working methods are oriented towards consensus and technical expertise, now operates in an environment where health policy can hardly be disentangled from geopolitical realities. And yet, despite these pressures, the Assembly succeeded in adopting more than 20 decisions and 13 resolutions. This juxtaposition of political tension and productive technical work is what made this year's WHA a distinctive one.

Political agenda items and votes

In recent years, the World Health Assembly has experienced a steady increase in politically sensitive agenda items, accompanied by a growing willingness to abandon the consensus principle in favour of formal votes. This year, the number of recorded votes again reached the record high of ten set the previous year³. The agenda consultations on Monday, 18 May, already signalled a politicised atmosphere. Where procedural housekeeping once dominated, delegations now found themselves debating whether, and in what form, armed conflict falls

within the WHO's health mandate. Member States thereby also implicitly negotiated the boundaries of the Organization's mandate in the context of attacks on civilian infrastructure, disrupted supply chains and restrictions on humanitarian access.

Some of these contested issues have accompanied the WHA for years. Once again, the proposal to invite Taiwan as an observer was not placed on the agenda. China firmly opposed any form of Taiwanese participation, invoking the One China principle, UN General Assembly [Resolution 2758](#) and WHA [Resolution WHA25.1](#), which assign representation of China in the UN system and in the WHO to the People's Republic. Palau countered that global health governance could not afford gaps in surveillance, information-sharing and crisis preparedness caused by the exclusion of any delegation. The Assembly nonetheless followed the recommendation of the General Committee not to include the item, maintaining the position adopted since 2017 of not extending participation to Taiwan.

Once again, the health consequences of Russia's war of aggression against Ukraine were addressed as a standalone agenda item. Under item 14.4, Committee A considered the implementation of resolution [WHA75.11](#) on the health consequences of the war in Ukraine and the situation in refugee-hosting countries. Russia had unsuccessfully sought to merge this item with the general agenda item on WHO's work in health emergencies. The Committee noted the [report](#) by 62 votes in favour, 9 against and 33 abstentions, with 77 Member States absent, and approved the [draft decision](#) by 62 votes in favour, 9 against and 37 abstentions, with 73 Member States absent. Germany voted in favour of both the noting of the report and the draft decision.

With regard to health conditions in the Occupied Palestinian Territories, including East Jerusalem, and the Occupied Syrian Golan, the Assembly again maintained a separation between agenda items 17.1 and 17.2⁴. Israel had advocated for their consolidation; however, the decision to maintain separate consideration was adopted by 90 votes in favour, 3 against, and 34 abstentions. Both the [decision](#) and the [resolution](#) concerning health conditions in the

³ The outcomes of all recorded votes can be viewed here: https://apps.who.int/gb/e/e_outcomes_of_recorded_votes_WHA79.html

⁴ Agenda item 17.1 concerns the health situation in the Occupied Palestinian Territory, including East Jerusalem, and in the occupied Syrian Golan. Agenda item 17.2 focuses on health conditions in the Occupied Palestinian Territory, including East Jerusalem.

Occupied Palestinian Territories, including East Jerusalem, and the Occupied Syrian Golan were subsequently adopted.

Thus, decisions on the recurring agenda items generally fell in line with previous years. Yet, political tensions were considerably more visible on the newly introduced items. For the first time, the member states of the Gulf Cooperation Council, together with a broad group of co-sponsors including Arab states as well as Canada, France, Ukraine and the United Kingdom, introduced an agenda item on the health consequences of Iranian attacks on civilian populations and civilian infrastructure. Iran rejected the initiative as politicisation of the WHO but was decisively outvoted both on inclusion (95 to 8) and on the [resolution](#) itself (91 to 2). Iran's [counterproposal](#) on the protection of health services in the context of attacks against Iran failed to obtain a majority. Shortly thereafter, a decision on the health emergency in Lebanon was adopted by 95 votes in favour, 2 against, and 18 abstentions⁵. The range of geopolitical conflict presented within the Assembly continues to expand in parallel with regional escalation.

Under the agenda item on the administration of the WHO Constitution, WHA79 addressed Argentina's notification of withdrawal. The notification had been received by the Secretary-General of the United Nations in his capacity as depositary of the WHO Constitution. The decisive question, however, was whether the WHA would recognise this notification as constituting an effective withdrawal. The Executive Board had initially recommended acknowledging withdrawal as of 17 March 2026. Following extensive negotiations, this position was not adopted. An [amendment](#) by Belgium, Brazil, Croatia, France, Germany, Japan, the Netherlands, Norway, and the Republic of Korea took note of the notification but deliberately avoided formal legal recognition of withdrawal.

The final formulation leaves Argentina's status intentionally open. The WHA affirmed that it would welcome full cooperation with Argentina at any time, while finding no grounds for further action. In doing so, the Assembly avoided establishing a precedent for formally recognised withdrawal from the WHO,

while preserving the institutional possibility of future full participation without requiring a renewed accession process. The case stands alongside the still unresolved status of the United States, whose withdrawal has not been treated as completed due to outstanding contributions, with voting rights scheduled for suspension in 2027. It is worth noting that the United States did not participate in the Assembly for the first time and was only sporadically referenced in deliberations⁶.

A further central track of negotiations continuing beyond the WHA is the PABS Annex to the WHO Pandemic Agreement. WHA79 had originally been expected to address the outcome of the Intergovernmental Working Group (IGWG) on the Annex. Instead of a finalised text, however, the Assembly was presented with a [report](#) on the state of negotiations and a decision to extend the IGWG's work by a further year. The mandate explicitly includes the drafting of legally binding instruments to be negotiated and signed with the WHO. The outcome is to be submitted to WHA80, or potentially earlier to a Special Session of the World Health Assembly in 2026. Negotiations will resume in July 2026 at the seventh session of the IGWG⁷.

States of the Global South, including the Africa Group, Pakistan, India, Brazil, Malaysia, and Nepal, emphasised legally binding commitments, traceability, contractual design, and benefit-sharing mechanisms not dependent on voluntary industry participation. The European Union and Germany expressed support for the continuation of the PABS negotiations, while tying their commitment to a fairer system explicitly to requirements of practical workability, capacity for innovation and private sector participation. The EU called for "an equitable, effective and implementable PABS system," while stressing that the mechanism must enable research and development of medical countermeasures and remain viable for industry. Germany called on Member States to bridge existing differences and identify common grounds, linking this to a clear commitment to effective multilateralism and international cooperation. Ireland, with reference to its forthcoming EU Council Presidency, similarly emphasised the

⁵ The Geneva Health Files report on the respective votes in depth: [Geopolitical Votes Wound The World Health Organization: Health For Some, Not All](#)

⁶ This was observed by Health Policy Watch: <https://healthpolicy-watch.news/who-assembly-declines-argentinias-withdrawal/>

⁷ Our Geneva Telegram series analyzes the negotiations on the PABS Annex in greater detail: <https://www.kas.de/en/web/multilateraler-dialog-genf/geneva-telegram>

need for an inclusive and consensus-oriented process, noting that “pathogens do not recognise borders, nor do they respect extended negotiating time-lines.”

Alongside the PABS negotiations, the WHO received a [mandate](#) from Member States to initiate a Member State-led process, housed within the WHO, to reform the global health architecture. Dr Tedros characterised this as an effort to consolidate rather than multiply reform initiatives within a single coherent framework. He pointed to an increasingly overlapping, complex and fragmented global health landscape. The mandate is narrowly defined and is explicitly not intended to produce recommendations for changes to institutional mandates or the merger of organisations. This limitation drew criticism from observers and civil society actors as insufficiently ambitious⁸. Ghanaian President John Dramani Mahama, speaking as guest of honour at the opening ceremony, called on the Assembly to reform the system more boldly.

Technical Dossiers and Adopted Resolutions

Beyond the politically charged items, WHA79 worked through a substantial technical agenda, adopting 13 resolutions and more than 20 decisions. Among the central outcomes were the new [Global Action Plan on Antimicrobial Resistance](#) (2026–2036), the revision of the [WHO Global Code of Practice on the International Recruitment of Health Personnel](#), several texts on Universal Health Coverage, and resolutions and strategies on radiation and health, emergency care and the economics of health for all.

The new Global Action Plan on Antimicrobial Resistance updates the WHO framework of 2015, builds on the 2024 United Nations General Assembly [Political Declaration on AMR](#) and targets a 10 per cent reduction in mortality attributable to bacterial resistance by 2030. The Plan also shifts its substantive emphasis away from a narrow innovation logic centred on new antibiotics towards a broader One Health approach. Prevention, surveillance, infection prevention and control, water and sanitation, immunisation, biosafety, appropriate use of antimicrobial agents and environmental considerations are

established as central components of a systemic AMR response.

Yet even the ostensibly technical negotiations on AMR reflected enduring tensions over access to health innovations and the protection of intellectual property. Brazil, Colombia and Indonesia had objected to language that would have confined technology transfer to voluntary and mutually agreed terms. The compromise reached speaks more broadly of knowledge-sharing and the transfer of AMR-relevant technologies in accordance with international and national rules. Germany supported this reading under the explicit interpretation that it continues to encompass the principle of voluntary technology transfer on mutually agreed terms. This dynamic mirrors the fault lines that have already generated friction in the PABS negotiations.

A second area of focus concerned health system resilience. For the first time in sixteen years, the [WHO Global Code of Practice on the International Recruitment of Health Personnel](#) was revised. While remaining non-binding, it was substantively strengthened. It now explicitly includes health personnel engaged in long-term care and care-related work abroad and applies during pandemics, health emergencies, environmental disasters, and broader humanitarian or economic crises. For Europe, this is a pertinent issue: many of the region's health systems face demographic pressures, growing workforce needs and increasing dependence on international recruitment. The WHO recalls that international competition for skilled health workers cannot be viewed in isolation from the training costs and service gaps borne by source countries. The revised Code aims to promote recruitment practices that are more transparent, more ethical and more mutually sustainable, including through potential co-investment in the health systems of source countries.

Additional Universal Health Coverage resolutions addressed concrete service delivery gaps. Measures on [stroke care](#), [teleradiology](#), [precision medicine](#), [pharmacovigilance](#), and the [Draft Global Strategy for Integrated Emergency, Critical and Operative Care](#) (2026–2035) converge on a shared objective: strengthening the capacity of health systems to deliver diagnostics, acute care, medicine safety, rehabilitation, and data-informed services more equitably and reliably. The stroke resolution is the first of

⁸ Please see <https://www.devex.com/news/devex-checkup-who-what-happened-and-what-happens-next-112571>

its kind, reflecting a historically under-recognised burden. Teleradiology and precision medicine address disparities in access to imaging, genomics, and specialised data. Pharmacovigilance increasingly integrates real-world data, digital surveillance, and artificial intelligence into medicine and vaccine safety systems.

Particularly notable was the first comprehensive WHA [resolution on radiation and health](#). It consolidates issues of ionising and non-ionising radiation, including medical imaging, radiotherapy, radiopharmaceuticals, radon, UV exposure, and radiation emergencies. The resolution was adopted in a politically charged context in which attacks on or incidents near nuclear facilities have once more politicised the health dimension of radiation protection. While the resolution confers no new regulatory mandate on the WHO, it strengthens the organisation's role in evidence gathering, technical support to member states, international coordination and the mapping of relevant actors.

The [Strategy on the Economics of Health for All](#) invited the Assembly to consider how health might be more firmly embedded in economic, fiscal, industrial and labour policy. The text is politically ambitious in framing health not merely as a cost factor, but as a precondition for resilient societies and inclusive economic development. Amid declining development financing and intensifying budgetary competition, however, the impact of such strategies depends less on their adoption in Geneva than on the willingness of national governments to translate them into budgets, legislation and cross-sectoral policy.

Despite the breadth of outputs, it is notable that digital health and artificial intelligence received comparatively limited formal attention despite their growing significance. No standalone resolution on this subject emerged, though discussions took place on the harmonisation of regulatory approaches, governance and standards for data, digital health and AI in the health sector⁹. This leaves a critical gap in global health governance. With the Global AI Summit scheduled to take place in Geneva in 2027, the

topic may well attract greater attention at the next WHA.

Results with caveats

Despite considerable political headwinds, the World Health Assembly once again succeeded in adopting key resolutions and decisions, hosting numerous well-attended side events, and reaffirming its commitment to advancing a global PABS framework. This demonstrates that multilateral health governance retains a meaningful capacity for substantive output. The WHO continues to function effectively at both institutional and technical levels, including under conditions of sustained political pressure. At the same time, the environment in which it operates is undergoing structural transformation. Health policy initiatives remain viable only to the extent that financial and political support can be sustained. Against the backdrop of declining global development financing and the retreat of key donors from multilateral engagement, this raises fundamental questions about future sustainability.

Germany has emerged as one of the WHO's largest contributors and the leading provider of international development assistance. This position entails not only financial weight but also greater responsibility for institutional shaping. In Geneva, Germany advocated for advancing WHO reform while focusing the Organization on three core mandates: setting global norms and standards, ensuring global health security and convening actors in global health. In support, Federal Minister of Health Nina Warzen pledged an additional 25 million euros for 2026 on the margins of the Assembly. The WHO must remain capable of acting, she argued, and this is "in Germany's own fundamental interest, because national health security critically depends on multilateral cooperation."¹⁰ This ambition may also translate into a concrete bid for leadership in 2027. Berlin is reported to be considering a candidacy for the post of WHO Director-General, with Helge Braun, former Chief of Staff under Chancellor Angela Merkel and a trained physician, currently named as the most likely contender¹¹. Official confirmation is still pending, yet as the WHO's largest state donor, Germany has an understandable interest in shaping the

⁹ Health Policy Watch summarizes the statements of selected delegations on this topic: [WHA Member States Approve Antimicrobial Resistance Strategy After Resolving Tech Transfer Debate - Health Policy Watch](#)

¹⁰ Please find the full quote and further information here (German): [Warzen: WHO muss handlungsfähig bleiben – auch im Interesse von Deutschland | BMG](#)

¹¹ [EXCLUSIVE: WHO Opens Nominations For Next Director General; Germany May Advance Former Merkel Aide, Helge Braun - Health Policy Watch](#)

organisation's reform agenda and core mandate at the leadership level as well.

In his closing address, Director-General Dr Tedros cautioned that not every problem had been solved during the week. A resolution, he noted, is only as

valuable as the change it brings about in a clinic, a community or a household. It is by that measure – not by the sheer volume of adopted texts – that the legacy of WHA79 will ultimately be assessed.

Konrad-Adenauer-Stiftung e. V

Lindgard Buder

Programme Manager Global Health

Multilateral Dialogue Geneva

European and International Cooperation



The text of this work is licensed under the terms and conditions of from "Creative Commons Attribution-Distribution at level playing field 4.0 internationally", CC BY-SA 4.0 (available at: <https://creativecommons.org/licenses/by-sa/4.0/deed.en>)