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Country report

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Geneva Telegram - The World Health Assembly – Pandemic accord, sustainable finance and geopolitics

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The "Geneva Telegram" explores events in Geneva-based multilateral organizations on a current topic. This time, the focus is on the 76th World Health Assembly (May 21-30, 2023).

The 76th World Health Assembly (WHA) was the first after the end of the Covid pandemic declared in early May. And yet the experiences made during the Covid-19 crisis shaped the meeting - as evident from many statements on the pandemic accord under discussion. The Member States of the World Health Organisation (WHO) also discussed WHO finances: they greenlighted an increase in the assessed contributions of Member States and discussed possibilities of new financing models. Cases of sexual misconduct by WHO staff and the measures taken by WHO since then were also on the agenda. Repeatedly, the health consequences of war and conflict dominated the agenda: e.g., the WHA adopted (by vote) a resolution criticizing the Russian war of aggression and the numerous attacks on health facilities and personnel in Ukraine. Russia, in turn, tried (unsuccessfully) to block Ukraine's election to the WHO executive board. Despite these disturbances, the WHA managed to pass some important decisions on different issues.

Pandemic control in focus

By the 77th World Health Assembly in 2024, both a revision of the International Health Regulations (IHR) and a global pandemic accord should be ready for negotiation. Accordingly, delegates at this year's WHA kept coming back to these two issues. One year is an extremely tight time frame

and it is becoming apparent that both issues will move forward only together due to the overlap in content. Already in the opening plenary, WHO Director-General Dr Tedros Adhanom Ghebreyesus had highlighted the agreement as an important step for future preparedness. He called for strengthening the global architecture for health emergency prevention, preparedness, and response (HEPPR).¹ In addition to preparing for future pandemics, other health threats, such as ecological degradation, social and economic inequalities and conflicts must be taken into account, he said. In order to achieve this, measures in global governance, financing and system strengthening are required.

Many Member States strongly affirmed WHO's leadership role in a global health architecture. At the same time, they agreed in principle with the findings of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme (IOAC) that the contingency fund was underfunded and that the emergency program was overstretched. Germany is currently the largest contributor to the contingency fund with over 10 million dollars.²

New draft of the pandemic accord

At the beginning of the assembly, the Intergovernmental Negotiating Body (INB) published the latest draft of the "WHO Convention, Agreement or

¹ The director-general's proposal can be found [here](#).

² See the overview of donors on the emergency fund [contingency fund's](#) page.

other International Instrument" (WHO CA+, commonly pandemic accord) on 22 May 2023.³ It offers a series of "options" for various articles with very controversial content. The text is still a "preliminary draft" ("bureau's text") and is decidedly not an official first draft of the negotiations by the members, some of whom still have considerable problems with the overall approach (including the EU and Germany).

The revised text focuses attention on six controversial subjects:

1. pandemic prevention with a One Health approach and pandemic preparedness
2. equity with access and benefit-sharing issues
3. intellectual property and knowledge transfer with or without TRIPS waiver
4. responsibilities and decision-making powers in the event of a pandemic
5. financing issues and debt conversion models
6. organization of the secretariat and scope of the agreement

At one of the strategic roundtables, Roland Driee, co-chair of the INB, highlighted equity, sharing pathogens, improving logistical systems, better coordination of research and development, and financing the agreement as key challenges.

Critics of the new draft accuse the INB of weakening the previous proposals on distributive justice and the conditions for publicly funded research and development, and criticize the poor design of the implementation control.

The next round of INB negotiations is scheduled for June, 12-16 2023. The WHO Director-General in particular emphasized the importance of reaching an accord by next year's WHA - an ambitious goal with which he wants to keep the pressure up.

Strengthening diagnostics capacity

Diagnostics are an essential component in controlling and containing disease outbreaks. At the WHA, Member States unanimously endorsed a resolution to strengthen diagnostic capacity and

improve access to diagnostic services.⁴ It recognises the importance of diagnostic services for the prevention, surveillance, diagnosis, and treatment of communicable, non-communicable, neglected tropical and rare diseases, injuries and disabilities. It also includes measures on research and development, manufacturing (including local production and technology transfer), regulation, selection, and procurement, and overcoming barriers to access, with the main aim of improving access to diagnostic services.

WHO finances: thumbs up for the increase in assessed contributions

An important achievement of the WHA last year was the agreement on a reform of the financing of the World Health Organisation, which foresees a gradual increase in the share of fixed contributions from Member States in the WHO budget to 50% by 2030/31. In the last budget, only 14% was financed by fixed contributions from Member States. While Member States have been generous in filling the gaps with voluntary contributions in recent years, the low share of fixed funding has demonstrably limited WHO's work during the crisis. However, any increase must be approved by members, so it was eagerly awaited whether WHO's Member States would agree on a first increase for the 2024-25 biennium.

The Member States approved the 2024-2025 budget with a volume of 6.83 billion dollars, a remarkable increase (+11%) compared to 2022-23. The African and the Eastern Mediterranean Region of WHO will benefit the most, while the funds earmarked for the headquarters in Geneva will be slightly reduced. Two billion will go towards promoting universal health coverage. About 1.2 billion are earmarked for protection against health emergencies. A significant increase (+23%) will be allocated to the fight against polio.⁵

The majority of funds will continue to come from voluntary contributions (5.69 billion dollars). However, there was a noticeable increase in the fixed contributions of the Member States by 20% compared to 2022-23, to 1.148 billion. Even this first

³ The "bureau-text" can be found [here](#).

⁴ The resolution can be found [here](#).

⁵ The details of the program budget can be found [here](#).

increase has not been considered a safe bet before the WHA; some of the BRICS countries in particular were considered sceptics. During the budget discussion, Brazil and Namibia, among others, demanded greater flexibility in the use of funds and improved transparency in their use.

At the same time, the WHA discussed possible innovative ways of securing the financial basis of the WHO, for example through a replenishment mechanism. There are still some open questions, including to what extent funds could be earmarked. Critics fear that the acceptance of earmarked funding (which is demanded by the USA, among others), which is mainly provided by philanthropists and wealthier Member States, would enable donor-driven priority setting. The final decision calls on the WHO Director-General, in consultation with Member States, to launch a first round of investments by the end of 2024 to fund the 14th General Programme of Work (2024-2028).

Climate change and health

In a strategic discussion on the climate change-health nexus, WHO Director for Environment, Climate Change and Health, Dr Maria Neira, outlined the critical role of financing in addressing climate-related health crises.⁶ WHO, through the Alliance for Transformative Action on Climate and Health (ATACH) initiative, is considering whether existing funding mechanisms need to be adapted or new instruments need to be created. Dr Tedros stressed the urgency and necessity for increased investment in climate and health. The United Arab Emirates, which holds the COP28 Presidency, announced the first-ever dedicated health day and an inaugural Health and Climate Ministerial meeting at the upcoming Conference of the Parties (COP) in Dubai in November 2023. Germany pledged an additional 2 billion euros for the Green Climate Fund to support efforts in Low- and Middle-Income Countries (LMIC).

Combating sexual misconduct

Allegations of sexual misconduct by WHO staff had put the organization under severe strain in

2021. Following the report of an independent commission investigating allegations of sexual exploitation and abuse during the 2018-2020 Ebola outbreak in the Democratic Republic of Congo, WHO adopted a "Framework for the Prevention of and Response to Sexual Exploitation, Abuse and Harassment" (PRSEAH). This has implemented a comprehensive reform program over the last 1.5 years.⁷ A total of 120 investigations into sexual misconduct have been completed and 72 more are in progress. The Director-General announced at the WHA a time limit of 200 days maximum for the completion of an investigation to counter the accusation that justice delayed is justice denied. Member States welcomed the progress made by WHO in combating sexual misconduct. The United Kingdom and the United States stressed the central role of accountability and saw a particular need for action in health emergency interventions to extend standards to collaborating partners.

Health dimensions of current wars and conflicts

Current wars and conflicts shaped the agenda of the WHA on several occasions and ultimately led to the extension of the Assembly.

Russia's war of aggression an issue again

A resolution initiated by Ukraine and 42 mainly European countries (including the EU except Hungary), which clearly condemned Russia's attack and demanded, among other things, an immediate end to Russian attacks on health facilities,⁸ was adopted by 80 votes to 9 (88 countries abstained or were absent). In the run-up, Russia had criticized that the World Health Assembly was the decision-making body of the WHO and not the UN Security Council. Ukraine and the resolution's supporters argued that Russia's massive attacks on health facilities and medical personnel were clearly related to health policy. Apart from the small number of votes against (including China), it is striking that all African countries abstained or

⁶ [Here](#) you can find the report of the WHO survey on Health and Climate Change 2021.

⁷ The report of the Director-General can be found [here](#).

⁸ The resolution can be found [here](#).

were absent except Algeria (also against).⁹ A counter-resolution tabled by Russia and Syria failed by a clear margin (only 13 votes in favor, 62 against with 61 abstentions and 41 absent). A few weeks ago, a majority of countries in the European WHO region voted in favor of moving the WHO Office for the Prevention and Control of Noncommunicable Diseases from Moscow to Copenhagen.

A heated debate also broke out on the future composition of the WHO Executive Board: although there were exactly 10 candidates for 10 vacant seats, Russia requested a vote. The reason: Ukraine was to be appointed to the Executive Board for the European WHO region.¹⁰ Contrary to Russia's request, however, the vote was only taken on all candidatures en bloc and not on each candidate individually. Russia caused further irritation when it questioned the trustworthiness of New Zealand as a vote counter (subsequently replaced by South Africa). In the end, the new 10 WHO Executive Board members were clearly confirmed: Australia, Barbados, Cameroon, Comoros, Lesotho, North Korea (!), Qatar, Switzerland, Togo and Ukraine, even though there had still been a heated verbal exchange between the USA and North Korea during the debate after the vote (later former US president Donald Trump congratulated (!) North Korea on being elected to the Executive Board). The election of deeply authoritarian countries like North Korea to the Executive Board is not an isolated case. In 2021, Syria was elected to the body for three years.

Recurring annual rituals: Taiwan once again excluded, biased resolution on the situation in the Palestinian territories

As expected, China blocked Taiwan's participation in the World Health Assembly again this year. In the run-up, the USA, Germany, Australia, the Czech Republic, Lithuania, Canada, the United Kingdom and Japan, among others, had spoken out in favor of Taiwan's participation as an observer. Taiwan last participated in the WHA as an observer in 2016. As in the previous year, two countries each read out statements to reflect both

positions, Pakistan and China on one side, Eswatini and the Marshall Islands on the other.

As every year, the WHA adopted a resolution on the health situation in the occupied Palestinian territories, East Jerusalem and the Golan Heights by 76 votes to 13 (with 35 abstentions and 53 countries absent). Among other things, the resolution calls on Israel to ensure safe access for Palestinian ambulances. The resolution was supported mainly by Arab and African countries. In addition to Israel, the USA, the United Kingdom, Canada, Australia, Guatemala and Fiji were among the opponents. The resolution focused too one-sidedly on Israel's role and responsibility for the difficult health situation and was, according to Israel, "out of touch with reality". The EU countries were divided - as it is often the case in other international forums when it comes to issues concerning the occupied Palestinian territories. Some countries (Spain, France, Belgium, Luxembourg, Ireland and Slovenia) supported the text, the majority abstained. Apart from Germany, Italy, the Netherlands, Austria and Czech Republic also voted against.

Global Health for Peace initiative met with divided response

The "Global Health for Peace Initiative" presented by Switzerland and Oman, which aims to strengthen the contribution of the WHO and the health sector to improving prospects for peace with the help of a roadmap¹¹, was met with skepticism. At the same time, the resilience of the health sector to the consequences of armed conflicts is to be increased. For example, health programs should be designed to be "conflict-sensitive". Several countries, including India, Brazil and South Africa, were skeptical. Concerns were expressed about the commingling of global health, peace and security. Observers suspect that some other countries wanted to avoid having to discuss the disastrous health consequences of conflicts in which they themselves are involved. The compromise: The WHA decided only to take note of the

⁹ A map on the voting behavior can be found [here](#).

¹⁰ The candidates for the Executive Board (two per WHO region each year) are elected by WHO regions.

¹¹ The document can be found [here](#).

roadmap for the initiative and to continue working on it in the course of consultations.

Universal Health Coverage

There was agreement that universal health coverage (UHC) was based on two pillars: primary health care and – especially with regard to non-communicable diseases – prevention. While the UHC resolution as such was generally supported, there was extensive discussion about the challenges in implementing its goals. Some countries, such as Eswatini for the WHO African Region and the Republic of Korea for the Western Pacific, expressed concerns about the financial burden, especially for low-income countries. In light of developments since the Covid-19 pandemic, several Member States stressed the increased importance of mental health.

Outlook on the high-level meeting of the UN General Assembly in New York

Member States adopted a resolution supporting preparations for the United Nations High Level Meeting on Universal Health Coverage in September 2023.¹² The aim of UHC is to ensure that all people have access to quality health services without financial hardship. Member states aim to transform their health systems based on primary health care to achieve health for all and reach the people furthest behind first. About 90% of UHC interventions can be implemented with a primary care approach and could save 60 million lives by 2030.

Non-communicable diseases

The four non-communicable diseases (NCDs) with the highest incidence (cardiovascular disease, diabetes, cancer and chronic respiratory disease) have four main risk factors: tobacco, alcohol, unhealthy diet and physical inactivity. To tackle non-communicable diseases, Member States adopted a new global guideline that focuses on those four main risk factors and updates the "Best Buys" published in 2017, which recommend interventions that are ideally effective, affordable and easy to

implement at the same time.¹³ These include taxes, restrictions on the marketing of unsound products and warning labels. The updated list includes support to stop smoking, breastfeeding, protection of children from advertisement, and treatment options for various respiratory diseases and cancers. National prevention and control measures will thus be accelerated.

The Swedish Presidency, on behalf of the EU Member States, particularly advocated tackling the underlying risk factors for NCDs and addressing mental health, furthermore they underlined the importance of the One Health approach.

Important issues in the shadow of reporting

The World Health Assembly covers a wide range of topics. Among them are health challenges that usually receive attention only in specialized media coverage.

Global strategy on infection prevention and control

For the first time, the WHA has adopted a global infection prevention and control (IPC) strategy. This strategy builds on almost two decades of efforts by WHO and its partners. It aims to significantly reduce the risk of nosocomial infections (also known as "hospital-acquired infections"), including those with antimicrobial resistance. The strategy sets out a clear vision: by 2030, everyone who uses or provides healthcare should be protected from infections. The strategy focuses on all areas where healthcare is provided and is based on the principle of clean and safe care as a fundamental part of the right (!) to health. The strategy is complemented by a global action plan and a surveillance framework to be developed in 2023-2024.

Impact of chemicals and waste on human health

While a convention on chemicals, waste and pollution is being negotiated in Paris under the auspices of the UN Environment Programme (UNEP)¹⁴

combat plastic pollution, including in the marine environment. The negotiations were prepared in Paris from 29 May to 2 June 2023.

¹² The resolution can be found [here](#).

¹³ The report can be found [here](#).

¹⁴ The Intergovernmental Negotiating Committee is developing an internationally legally binding instrument to

and trade in plastics is increasingly being discussed at the WTO in Geneva, Member States stressed the need for a stronger role of the WHO to address health impacts. Member States therefore welcomed a resolution proposed by i.a. Peru, on addressing environmental factors, including the management of chemicals and waste.¹⁵ Among other things, the resolution calls for negotiations on an agreement to end plastic pollution.

Strengthening the health of indigenous people

The Assembly also adopted an unprecedented resolution on indigenous peoples' health¹⁶, which was proposed by Brazil with a large number of co-sponsors. The resolution calls on the Director-General to develop a global action plan for indigenous peoples' health and to present it to the 79th World Health Assembly in 2026. The resolution calls for the development of national health plans, the use of indigenous health workers and the consideration of traditional medicine.

Comment and outlook

As expected, there were no breakthroughs in the pandemic accord, as substantive negotiations are taking place at another level. The new draft presented at the WHA should nevertheless help to structure the difficult discussions more effectively. Whether the following 12 months will be sufficient to find a consensus and to create a truly innovative document remains in doubt - especially since missions of smaller countries are already complaining

about the density of material and the intensity of the discussions. The current draft can certainly be improved, and one can argue about the sense and nonsense of some specific proposals. However, contrary to what is now being reported in some media, more far-reaching demands will by no means turn the WHO into a "global health police force". Even with a pandemic accord, as Dr. Tedros rightly emphasized once again, the Member States remain at the center of decision-making.

The increase of Member States' assessed contributions for the work of the WHO is to be evaluated positively. However, the discussions and demands of the Member States already show that further necessary increases will not be a foregone conclusion.

Russia's continued attacks on health facilities (even while the WHA was taking place!) fully justified the resolution introduced by Ukraine and other supporters, as well as the related discussions at the WHA. The accusation of "politicization of the WHA" raised in this context must be met with skepticism. Sometimes it is advocated by these very countries that have for years supported the unilateral resolution against Israel.

The high number of absentees and abstentions, but also the reluctance with which the "Global Health for Peace"-Initiative was responded to by some important countries, show the doubt of many countries to link security policy and peace-building with global health.

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¹⁵ The resolution on coping with environmental factors can be found [here](#).

¹⁶ The resolution on indigenous people can be found [here](#).