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Geneva Telegram - The World Health Assembly caught between pressure for reform and political tensions

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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 75th World Health Assembly.

The 75th World Health Assembly (WHA), which took place from May 22-28 of May 2022, was impacted by current geopolitical tensions and wars. This was reflected in the Assembly's theme: "Health for Peace, Peace for Health". In his opening statement, WHO Director-General Dr Tedros Adhanom Ghebreyesus referred to the disastrous health consequences of wars, whether in Ukraine, Yemen, or Ethiopia.

In a resolution introduced by Ukraine, the Assembly condemned Russia's attacks on health facilities. After some discussion, the Member States decided to initiate a reform of International Health Regulations (IHR), with the aim of strengthening pandemic prevention. However, there is still considerable disagreement over how comprehensive such a reform should be. A paradigm shift was achieved with regard to the financing of WHO.

Not surprisingly, it was swiftly confirmed that the incumbent WHO Director-General Dr Tedros Adhanom Ghebreyesus and only candidate will remain in office for another five years. A new strategy on HIV, on the other hand, was subject to much more contentious debate - and in the end was only adopted with the abstention of numerous countries.

For the first time in three years, the WHA took place in person again - albeit with some restrictions. The assembly is the highest decision-making body of the World Health Organization (WHO), at which the financial and organisational framework is decided, and future programmes are established. As a rule, WHO Member States are represented at the WHA by ministers and diplomats, but heads of state and government are also present (thus far virtually) at the opening. In the past, for example, German Chancellor Angela Merkel spoke at the start of the WHA. This time, the French President Emmanuel Macron, among others, contributed with an opening statement.

A WHA marked by geopolitical tensions

It is nothing new to see geopolitical issues playing a (growing) role at the WHA. However, due to the Russian war of aggression against Ukraine, it was clear that (geo-) political issues would be especially prevalent at the WHA this year.

Well over 350 health facilities have been destroyed by Russian attacks in Ukraine. In the run-up to the WHA, diplomats were faced with a fundamental decision on how to deal with Russia at the WHA.

The exclusion of Russia from the WHA was rejected, largely due to efforts not to leave any "blank spots on the map" when it came to global health issues. However, it was possible to prevent Russia's participation in the General Committee, which helps to set the agenda for the WHA. At the WHA itself, many ministers and heads of state and government (especially from the EU) made statements harshly criticising Russia and the disastrous health and humanitarian consequences for the Ukrainian population caused by the attacks.

The notable exception was Hungary. Hungarian Foreign Minister Szijjarto avoided direct criticism of Russia in his statement and warned against politicising the WHA. Hungary was also the only EU country not to count itself among the 45 co-sponsors of a resolution introduced by Ukraine condemning, among other things, Russia's attacks on Ukrainian health facilities. Russia, for its part, had submitted a competing resolution whose only co-sponsor was Syria.¹ The Russian resolution makes no mention of an aggressor, and speaks of consequences for the areas outside Ukraine, ergo in Russia. The Ukrainian ambassador criticised the Russian resolution harshly, saying it was not only dishonest but also a cynical attempt to hoodwink the Assembly. In the end, the Ukrainian resolution was decisively adopted on Thursday, with 88:12 votes. However, more than 80 states (mainly from Africa and Asia) abstained or did not even participate in the vote.

Observers saw the vote as a rather symbolic victory for Ukraine; after all, Russia was not deprived of any voting or participation rights. However, the resolution does allow for the possibility of taking tougher steps against Russia at a later date, if Russia continues to attack health institutions. Russia's counter-resolution failed by a very clear margin of 15:66 votes. More than 100 countries abstained or did not vote at all.

As in previous years, Taiwan's efforts to participate in the WHA as an observer were not crowned

with success. However, there was a new initiative in the run-up to the WHA. For example, in a joint motion by the CDU/CSU and governing parties, the Bundestag called on the German government to support Taiwan's participation as an observer at the WHA. However, a corresponding motion by 13 countries failed in the General Committee, which is why the USA and the United Kingdom, among others, were very critical. This shows that the majority of WHO Member States still want to avoid snubbing Beijing on this issue. Nevertheless, more than 20 countries (including Germany) had clearly spoken out in favour of Taiwan's participation in the run-up to the WHA - that is to say, more Member States than a year ago.

Other conflicts were also discussed. As happens each year, there was a resolution criticising Israel over the health situation in Palestinian territories (83:14 votes). The conflict over Nagorno-Karabakh was also briefly addressed during the WHA.

Difficult debate on International Health Regulations reform

With a view to strengthening pandemic prevention, two instruments are currently being discussed among WHO Member States: firstly, a revision of the existing International Health Regulations (IHR) and secondly, the idea of a completely new pandemic treaty. Some countries, such as the USA, see the reform of the IHR adopted in 2005 as the most appropriate instrument, not least because such an adjustment is believed to be quicker to implement than the drafting of a new treaty. Meanwhile, the EU, alongside many African countries, emphasise the importance of a new pandemic treaty, as some reforms cannot be achieved simply by amending the IHR. Both processes are being pursued in parallel; at the WHA, however, there was greater focus on the IHR reform. The difficult discussions at the WHA demonstrated that reform won't be reached in a hurry.

¹ An overview of the co-sponsors of both resolutions can be found [here](#).

At the beginning of the year, the USA presented an ambitious proposal for reforming the IHR. The proposed reform would allow the WHO to publish information on outbreaks much more quickly in the future (possibly even against the will of the affected country). But at the WHA, numerous countries - especially from the African group - either expressed reservations about the content of the reform proposal or demanded more time to introduce their own proposals.

Nevertheless, the Member States agreed by consensus to initiate the reform of the IHR. A Working Group on IHR reform (WGIHR) was set up to replace the current Working Group on Pandemic Reform that operated over the past year. Member States now have until of September 30, 2022, to submit reform proposals to this working group. A corresponding reform package should then be adopted by the 77th World Health Assembly in May 2024. In addition, after some discussions, the deadline for the implementation of the IHR was shortened to 12 months. This means that the revised IHR would come into force in May 2025 at the earliest. During the meeting, it became clear that while there is a fundamental willingness to revise the IHR, very different ideas about the content and scope of the reforms will have to be reconciled over the next two years.

At its meeting after the WHA, the WHO Executive Board also created a new standing committee on health emergencies, which is to meet within 24 hours of the declaration of a Public Health Emergency of International Concern (PHEIC), and then be in constant dialogue with WHO leadership and Member States.

A turning point for WHO finances

One key success at the WHA was the agreement on a reform of WHO financing. Currently, only about 16% of the WHO budget is covered by fixed contributions from Member States. This low per-

centage has massively – and demonstrably - limited the WHO's capacity to respond to the COVID crisis.

Therefore, several reports assessing how the WHO and its Member States responded to the COVID pandemic called for a change in its funding model. Discussions at the end of April lead to a breakthrough on this matter, largely thanks to the commitment of the head of the working group on sustainable financing, Björn Kümmel. The prospects for consensus were not necessarily rosy at the beginning of the year - the USA in particular had expressed some concerns about the significant increase in fixed contributions demanded by Germany and France and others. The share of fixed contributions is now set to rise gradually to 50%, ideally by 2029, and at the latest by 2031.² A working group of Member State representatives is to be set up, to monitor the increase in contributions and ensure transparency and accountability regarding the use of funds. This is an important condition, not least for the USA. Thus, there is no guarantee that the proposed roadmap will be adhered to.

Observers see this agreement as an important building block in reforming the architecture of global health. However, this reform process is only just beginning. Over the course of the past 12-18 months, in the wake of the COVID pandemic, many proposals have been made by different sides (Member States, experts and bodies of the WHO itself). On May 4, 2022, the WHO presented a White Paper "for consultation" that takes up many of these proposals. The White Paper also attempts to outline a coherent vision for the future of global health architecture, while preventing the global health "landscape" from becoming fragmented even further by increasing the numbers of new actors.³ Formal and informal discussions in Geneva show, however, that there are considerable differences of opinion, especially regarding some of the innovative proposals mentioned in the White Paper.

² Sustainable financing: [report](#) of the Working Group

³ The white paper can be found [here](#).

Tedros re-elected without a hitch

Unsurprisingly, Dr Tedros was re-elected for another five-year term as Director-General of the WHO. His re-election as the sole candidate, supported by countries from all WHO regions, is not only but also due to the strong and public support of European countries, including Germany and France. The government of his own country, Ethiopia, decidedly did not support his election; Dr Tedros has repeatedly criticised the conflict in Tigray.

A look at health concerns beyond international coverage

The WHA always covers a very wide range of themes. Among them are also health challenges that receive less public attention. One of these is non-communicable diseases (NCDs).

Non-communicable diseases

Non-communicable diseases (NCDs) account for more than seven out of ten deaths worldwide, yet the prevention and control of NCDs remains the weakest link in primary and universal health care. Reasonably, the topic of NCDs was rightly more prominent at this WHA than ever before.

Delegates adopted a record number of recommendations on non-communicable diseases such as cancer, diabetes, heart, and lung disease, as well as on mental health and its risk factors.

The prevention and treatment of NCDs in infectious disease outbreaks and humanitarian situations was an important topic in the Member States' debates. France and Egypt proposed integrating essential services for NCDs and mental health into emergency preparedness and response plans. The complexity of tackling NCDs in countries most affected by climate change, such as small island states, was also highlighted. The

first WHO Ministerial Conference for Small Island Development States on the Prevention and Control of NCDs is scheduled to take place in 2023.

Delegates also agreed on an action plan (2022-2030) for the effective implementation of a global strategy to reduce the harmful use of alcohol, as a public health priority. The Alcohol Action Plan includes proposed operational targets and principles, and key action areas for Member States, the WHO Secretariat, international partners, civil society organisations and academia, as well as proposed actions for economic actors in alcohol production and trade.⁴ It includes a set of global targets, indicators, and milestones to monitor progress.

Member States strongly supported the 2023-2030 Implementation Roadmap for the Global Action Plan for NCD Prevention and Control, which focuses on the inclusion of people living with NCDs at all levels and the need for tailored approaches for Member States.⁵

In addition, Member States adopted declarations on the integration of oral health, epilepsy, and neurological diseases into health care benefit packages, as well as new targets for the diagnosis and treatment of diabetes, epilepsy, neurological diseases and obesity. They welcomed measures aimed at prevention and early detection of NCDs, but also pointed to the urgent need to invest in proper NCD care, with a focus on primary care.

Other issues: "monkeypox", neglected tropical diseases, clinical studies and mis- and disinformation

In meetings on neglected tropical diseases, Nigeria called for Noma, a disease that mainly affects malnourished children, to be added to the registry of neglected tropical diseases (NTDs). This step

⁴ The Alcohol Action Plan draft can be found [here](#).

⁵ The draft workplan for the global coordination mechanism on the prevention and control of NCDs 2022-2025 can be found [here](#).

would bring global support to the call for its elimination, starting with preventive and curative measures for those affected. The WHO will consider classifying Noma under the 2021-2030 roadmap for neglected tropical diseases.

The disease known as monkeypox, which has dominated the media in recent days, is being watched with growing concern at the WHO. There are still many unanswered questions surrounding the outbreak and its future spread. Medicines and vaccines to treat and prevent the disease are already available, but only in limited quantities. Therefore, on June 2-3, the WHO is organising a large meeting of researchers on monkeypox to discuss existing knowledge gaps and priority research questions.⁶

As regards infectious and non-infectious diseases, limited access to medicines was also highlighted as a major barrier. This applies to insulin, as well as to vaccines against COVID-19 or the HPV virus.

Delegates also adopted a resolution to improve capacity for clinical trials. Clinical trials are a key factor in strengthening health systems. The resolution called for greater efficiency, better funding, timely sharing of data and results, and better coordination, as well as stronger legal and ethical frameworks.

Across the board, the WHO and its Member States are concerned about disinformation and its disastrous consequences.⁷ This includes the campaign against reforming the IHR and a new pandemic treaty, as well as the current outbreak of so-called monkeypox. Accordingly, the WHO is now working on a campaign to tackle misinformation and stigmatisation regarding monkeypox. Renaming the virus is also a priority, as its current name risks being misleading and invoking stereotypes.

After a lengthy debate on terminology, a strategy on HIV, hepatitis B and sexually transmitted diseases is adopted

Debates over the strategy for sexually transmitted diseases and HIV/AIDS lasted two days. In the final session, late in the evening of the last day of the WHA, a new Global Strategy on HIV, Hepatitis B and Sexually Transmitted Infections (GHSS, 2022-2030) was adopted by a vote of 61:2 - albeit with 30 absentees and 90 delegations not participating in the vote.

The fact that a vote on this rather technical strategy was necessary at all surprised many observers. The ballot became inevitable because of protests by 22 Member States from the Eastern Mediterranean Region (EMRO), led by Saudi Arabia. These states took offence to certain terms used in the resolution. They called for the removal of references to "sexuality", "sexual orientation" and "sexual rights" from the resolution. There were also objections to the strategy's reference to "men who have sex with men (MSM)" as a target population for HIV treatment.

In the final vote, shortly before midnight, not only the entire EMRO region but also most sub-Saharan African countries either abstained or were absent despite weakened and changed wording - except for South Africa, which voted in favour.⁸

Some participants viewed the result with mixed feelings. On one hand, the adopted strategy was a success. On the other hand, the vote had deepened polarisation. This sentiment was expressed by the representative from Monaco: "We consider this deeply disappointing. And we think this will have consequences in the future because of the precedent created". On a more positive note, Dr

ported by most European countries, the United Kingdom, Ireland, and Israel, as well as North America, Latin America, and parts of Asia and the Western Pacific region.

⁶ More information on this [here](#).

⁷ Fighting disinformation is [a 2022 priority](#) along the whole United Nations system.

⁸ Russia, Ukraine, and India and Indonesia also abstained from voting on [the strategy](#), which was sup-

Tedros said he would have liked the Assembly to have reached a consensus on the strategy, "but in my opinion, we should not be afraid to vote when it's necessary for the advancement of global health strategies."

Commentary and outlook

Contrary to the fears of some observers, discussion of the health consequences of Russia's attack on Ukraine did not completely appropriate the WHA, or block decision-making at the assembly. However, as in other organisations, some countries - especially from Africa and Asia - are increasingly unwilling to take a clear stance on this issue. Some noteworthy progress has been made - in particular, the reform of WHO financing, which can largely be attributed to the tremendous commitment of the German head of the Working Group on Sustainable Financing. The very long and gradual increase will not happen overnight, but could significantly improve the functioning of WHO.

Thanks to widespread support for his re-election, Dr Tedros has a strong mandate to speak out clearly on health hazards and issues, with less consideration for the sensitivities of individual Member States. The fact that the process of adapting the IHR has been initiated for the first time in 20

years also shows that the international community is fundamentally willing to reform.

At the same time, however, this WHA warrants a much more sober assessment. The drawn-out arguments over what was a relatively unambitious decision to reform the IHR indicate just how difficult the reform process could be. New IHR, that take into account lessons from the current pandemic, will not be passed until 2025. In his opening statement to the WHA, Dr Tedros rightly emphasised that we are not yet adequately prepared for the next pandemic. Overall, a lot of steps are taken in the right direction, but all much too slowly - and this while the window of opportunity for drastic reforms in the area of pandemic prevention is closing rapidly.

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