

WHA77: Bridging global health priorities and geopolitical realities

WHA77 concluded in Geneva amidst a flurry of discussions, debates, and landmark decisions that highlighted both the triumphs and challenges of global health diplomacy in today's complex geopolitical landscape.

Navigating geopolitical divides

In his opening address to the Assembly, WHO Director-General Dr Tedros prepared delegations for a challenging week, stating, "Multilateralism is not easy, but it is the only way forward."

True to his words, running through WHA77 were deep-seated geopolitical tensions that often overshadowed technical health discussions. The Assembly saw an unprecedented number of voting rounds, with eight addressing contentious issues ranging from health emergencies in Palestine and Ukraine to the wording of previously well-established language on gender. This shift towards voting reflects a growing struggle to achieve consensus on critical global health issues, emphasizing the need for robust diplomatic efforts in future assemblies.

More time secured for Pandemic Accord negotiations

Despite these challenges, WHA77 achieved significant milestones, including the [adoption](#) of a package of [key amendments](#) to the International Health Regulations (2005) after more than two years of negotiation. These amendments aim to enhance global health security by improving emergency information sharing, ensuring equitable access to vital health resources, and strengthening global health preparedness.

However, the much-anticipated Pandemic Accord remains unresolved. While there is still hope for a resolution this year, negotiations could extend until as late as WHA78 in 2025, primarily due to ongoing disagreements over intellectual property and the sharing of pandemic-related medical products, including vaccines as well as everything from tests to masks to treatment.

From the perspective of the NCD community, the retention of Article 7 is encouraging, which includes provisions for a robust health and care workforce, mental health support, and commitments to address inequalities and discrimination, particularly for women. However, on a more worrying note, ongoing debates persist regarding the definitions of vulnerable populations and UHC.

The COVID-19 pandemic has shown that the prevalence of underlying conditions such as NCDs can increase the vulnerability of populations to pandemics in both high-income and low-income countries. Some studies estimate that 60 to 90% of COVID-19 deaths were attributable to one or more of these comorbidities. People with NCDs were also severely

affected by the disruption of essential health services, leading to missed diagnoses and interrupted care. Therefore, we have consistently advocated for the explicit recognition of persons with NCDs as among those most affected by pandemics and associated disruptions to essential care, and we are disappointed by the text's failure to acknowledge this critical perspective.

UHC has been (provisionally) defined as follows by the Intergovernmental Negotiating Body (INB): "universal health coverage" means that all people have access to the full range of quality health services they need, when and where they need them, without financial hardship. It covers the full continuum of essential health services, from health promotion to prevention, treatment, rehabilitation and palliative care." However, it lacks key elements agreed upon in the 2019 and 2023 Political Declaration on UHC, such as affordable access to medicines, non-discrimination, and specific attention to vulnerable and marginalized groups. Aligning the UHC article with these established principles and commitments is crucial for the INB's future deliberations.

The tenth session of the INB is scheduled for July 16-17, 2024.

Promoting better health and well-being for all

During WHA77, delegates discussed structural and topical issues relating to population health and wellbeing including social determinants of health (15.1), Maternal, infant and young children nutrition (15.2), Wellbeing and health promotion (15.3), Climate change, pollution and health (15.4) and Economics for health for all (15.5).

The importance of integrating NCDs into Universal Health Coverage benefit packages and Primary Health Care was stressed by many delegates. There was a strong call to enhance data systems and surveillance of NCDs to track progress, identify gaps, and inform policy decisions, alongside allocating adequate resources for NCD financing.

Mental health also emerged as a major focus, underscored by a joint statement delivered by the Dominican Republic, which highlighted its global impact on nearly one billion people, including one in seven young people. Urgent calls were made for improved access, coverage, and financial support for mental health care, and many Member States supported addressing mental health as a specific item on the agenda of the WHA.

Social determinants of health (15.1)

Member States underlined the importance of social determinants of health, noting the DG's report which provides an update on the WHO World Report on Social Determinants of Health Equity. The report provides key recommendations to Member States across different strategic areas including on addressing economic inequality, ensuring equitable access and addressing structural determinants. While there is enthusiasm for the WHO World Report, expected later in 2024, there is some concern about uptake and implementation of its recommendations by the member states given that the recommendations of the 2008 WHO

Commission on Social Determinants of Health have not led to significant structural changes in many countries.

In their intervention, **Chile** highlighted their Primary Healthcare program which considers social determinants of health, ensuring equity in healthcare in the implementation and called for special initiatives to promote equity and showcase best practices. Fiscal measures like health taxes are best practice interventions to improve health and reduce NCDs. This was a point raised in **Germany's** intervention which also called for knowledge sharing and transnational collaborations to monitor progress on addressing the social determinants of health. In addition, it will be important that Member States adapt recommendations to national context to identify policy priority areas and establish national monitoring mechanisms to measure outcomes relating to health equity as part of national action to implement the recommendations of the World Report.

Maternal, infant and young children nutrition (15.2)

On the agenda item 15.2 (Maternal, infant and young child nutrition), the Assembly noted the [guidance on regulatory measures aimed at restricting digital marketing of breast-milk substitutes](#). In a statement on behalf of 26 countries, **Brazil** reinforced the [WHO report](#) on the scope and impact of this, highlighting their intention to prepare a draft resolution for the 78th session of the World Health Assembly on the subject. There was a call from **Mexico** for more accountability in limiting the activities of transnational corporations regarding digital marketing of breastmilk substitutes and calls for a resolution, while **Thailand, France** and **Canada** commented on the need to mitigate the negative impacts of it. Indeed, Member States need to update national policies and plans to accommodate the new and growing challenges with the marketing of breast-milk substitutes, to safeguard communities, mothers and their babies from dangerous and innovative promotion strategies.

Wellbeing and health promotion (15.3)

On agenda item 15.3, Wellbeing and health promotion, a resolution on strengthening health and wellbeing through sport events was discussed. The resolution advocated for the use of sporting events to promote behavior change, address broader public health challenges, and enhance societal well-being. The resolution received wide support from Member States including **Qatar, Ethiopia, France, Japan, Monaco, Tanzania** and the **United Arab Emirates**. Qatar, the resolution sponsor, highlighted the role of sport events to reduce NCDs and support progress to achieve the SDG 3.4 targets. Similarly, **Monaco** provided comments on the links between physical activity and sports with the improvement of mental health among the general public and, in particular, young people. The resolution provides a reference for enabling health-promoting sport events, contributing to NCD prevention when implemented and supported with other WHO guidance like the [WHO guide on healthier food and healthier food environments at sports events](#).

Climate and health (15.4)

The Assembly passed its first-ever [resolution on climate change and health](#), led by the **Netherlands** and **Peru**, broadening Member States' and health sectors' roles in shaping future challenges. This resolution acknowledged that the climate crisis poses a significant threat to global public health. Furthermore, the resolution highlighted the urgent appeal from the WHO Director-General for worldwide climate action to enhance health and develop climate-resilient and sustainable health systems.

The resolution ([A77/A/CONF./7](#)) signals progress on engagement around climate and health from Member States. However, it lacked terms like “fossil fuels” or “clean energy” in the text, even though five million deaths per year are attributed to air pollution from the use of fossil fuels, a concern raised by civil society organizations such as World Heart Federation and some Member States.

Tuvalu highlighted the need to mitigate air pollution and climate change, which are essential for reducing health and environmental impacts. **Botswana** was one of the few Member States to link the impacts of climate change with the impacts of food security and health. Finally, **Brazil**, one of the sponsors of the resolution, called upon Member States, with the support of WHO, to ensure sustainable funding for climate and health. This is essential to adapting and strengthening public health systems to enhance their resilience to the effects of climate change.

The economics of health for all (15.5)

Echoing NCD Alliance's call to frame NCD prevention and care as an investment, the Assembly adopted a [resolution on economics of health for all](#), advocating for a sustainable economy that integrates health, environmental, and social factors. It mandates WHO to develop a health economics and finance strategy by 2026, guiding countries to see health spending as a long-term investment rather than a short-term cost. Prioritizing long-term health investments and funding for NCD prevention, even during deficit reforms, is crucial. This includes integrating health needs into all ministry budgets, harmonizing health budgets with public health fiscal policies, addressing social health determinants, and engaging non-governmental actors for equitable outcomes.

The resolution ([A77/A/CONF./2](#)) proposed at EB154 was led by Finland and Brazil. The **European Union** argued that a sustainable economy, integrating environmental and social factors, allows to respond to the on-going national and global health challenges. **China** highlighted the need to have measures to guarantee economic measures centred around health for all. Finally, **South Africa** mentioned that health plays a dual role as both an outcome and catalyst for economic development and integrating health into policies leads to more sustainable and equitable outcomes.

Strategic planning and financial commitments

The Assembly endorsed WHO's [14th General Programme of Work \(GPW14\)](#), signalling a substantial commitment to prevent millions of deaths and strengthen global health systems by 2028. Structured around six strategic objectives—including proactive responses to

climate change, addressing health determinants, advancing primary health care for UHC, improving health service coverage and financial protection, and enhancing readiness for emerging health threats—GPW14 was developed through extensive consultations from August 2023 to March 2024. These consultations, significantly influenced by robust advocacy from civil society, involved Member States, independent evaluators, WHO staff, UN agencies, civil society, and private sector associations, culminating in a programme that reflect broad stakeholder input.

The NCD Alliance actively contributed to GPW14 with four [consultation responses](#), emphasizing the inclusion of indicators for NCD risk factors, aligning public health financing with national disease burdens, promoting WHO’s “best buys” for NCDs, and recognizing the vulnerability of people with health conditions to emergencies. These recommendations were integrated into the final document.

There was widespread acknowledgment and appreciation across regions and Member States for the inclusive development process of GPW14. Key priorities highlighted included addressing emerging health challenges like climate change and mental health, aligning with national health priorities, and the urgent need to move WHO’s finances towards more predictability and flexibility. On this note, the significance of WHO’s first [Investment Round](#), which was [launched](#) during WHA, was emphasized. This initiative aims to raise \$11.1 billion over the next four years, with \$4 billion expected from membership dues and \$7.1 billion from governments and the private sector. Furthermore, it aims to enhance funding flexibility both geographically and programmatically by expanding thematic flexible funding. This adjustment allows contributors to allocate resources more freely across diverse health programs and regions, directing support strategically where health needs are most acute, such as NCDs preparedness and assistance for small island developing States and the Sahel region.

Given that NCDs account for 74% of the global disease burden and only 5% of WHO’s budget currently supports NCDs, this shift is warmly welcomed by the NCD community as a crucial step towards bridging the fundamental gap between the needs and rights of people living with NCDs and the available funding.

With most of the health-related SDGs off track, compounded by challenges posed by the climate crisis, increasing disease outbreaks, persistent infectious diseases, and humanitarian emergencies, the Investment Round marks a critical shift in WHO’s fundraising approach. If successful, it has the potential to pave the way for a more agile and responsive WHO. This outlook appears promising, as Brazil, France, Germany, Norway, and Qatar have already declared their [support](#) for the initiative.

Gender and policy impacts

However, WHA77 was not without its controversies. The Assembly witnessed intense debates over the increasingly contentious issue of sexual and reproductive health rights, with disagreements specifically over gender language in the [resolution on strengthening health emergency preparedness for disasters resulting from natural hazards](#). Supporters

argued for tailored gender-responsive approaches to address vulnerabilities, while opponents cited cultural and legal objections, emphasizing the need for universally accepted terminology to avoid ambiguities and challenges in implementation at the national level.

The [admission of the Center for Reproductive Rights into WHO's official relations](#) during the 155th session of the Executive Board, following a bitter debate between countries, including voting through secret ballot, further underscored these divisions.

This recurring debate prompts reflection: Are member states, WHO, civil society, including the NCD community, collectively prepared to navigate these complexities? Some emphasize the critical role of language, while others advocate a pragmatic focus on substance. Moving forward, fostering constructive dialogue will be crucial in navigating these challenges while upholding WHO's mandate to promote global health equity and rights for all individuals.

Looking ahead: the road to 2025

The priorities discussed were closely aligned to NCD Alliance's [advocacy priorities](#) for the 4th UN High-Level Meeting on NCDs in 2025, soft-launched during our [WHA77 panel event](#), so we are hopeful that a unified approach among Member States will finally bear the results we have been working towards for the past decades.

However, it cannot go without noting that WHA77 has been dubbed one of the most politicized of recent times, highlighting the pervasive influence of geopolitical tensions. For the NCD community, it signals that preparations for the UNHLM are well underway, with just over a year remaining. Maintaining momentum through key milestones including UNGA79, G20, and WHA78 is crucial for advancing our goals. Successfully navigating these geopolitical tensions and promoting dialogue will pave the way for meaningful progress in the prevention and control of NCDs.

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