

WHA78: Signs of multilateral revival amid budget strains and geopolitical tensions ahead of the 4th High-Level Meeting on NCDs

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This 78th session of the World Health Assembly (WHA78) may have defied some of the pessimists' predictions. With the conclusion of the Pandemic Agreement after three years of tough negotiations, the approval of the next two-year budget, and the decision to increase country contributions by 20%, this session has shown some revival of multilateralism, but not without challenges.

WHO is still undergoing an internal prioritisation process while grappling with a \$1.7 billion budget shortfall. Tensions rose across several agenda items, unsurprisingly around the climate crisis, and the Assembly saw 11 formal votes, a continuing trend observed in recent years. The Assembly also addressed ongoing humanitarian crises, from the war in Ukraine to the health emergency in the occupied territory of Palestine.

The Pandemic Agreement: A Historic Moment

On day one of WHA78, the long-awaited Pandemic Agreement was adopted unanimously, despite behind-the-scenes reluctance and Slovakia's request for a vote. Member States welcomed it as a victory for multilateralism, grounded in equity, solidarity, and cooperation.

The agreement also defines "persons in vulnerable situations", including "those with a disproportionate increased risk of infection, morbidity, or mortality, as well as those likely to bear a disproportionate burden owing to social determinants of health in the context of a public health emergency of international concern".

[While no specific reference to people living with NCDs was included, this framing is sufficiently expansive to be interpreted as inclusive of this population](#) [1]. As Helen Clark reminded us, however the Agreement is "a Christmas tree that needs a lot of decorating." Work remains on the Pathogen Access and Benefit Sharing (PABS) annex, expected by WHA79 in 2026.

WHO budget: difficult time, renewed commitment.

The pandemic agreement may have infused some positive energy. Member States approved on day two a \$4.2 billion budget for 2026–2027 and a 20% increase in Assessed Contributions (AC), an outcome that was far from certain back in February during the 156th Executive Board (EB156). Nevertheless, in his opening remarks, Dr. Tedros underscored the modesty of WHO's budget, noting the \$2.1 billion annual allocation equals just eight hours of global military spending or a quarter of the tobacco industry's advertising budget. Several member states, while approving the budget, still had concerns about funding imbalances between regions, and countries had different views on how to spend the limited resources.

Momentum for NCDs ahead of the fourth United Nations High-Level Meeting on NCDs and Mental Health

NCDs were high on the agenda, with half of the Member States addressing this point during their opening remarks. It was followed by in-depth commentary during the dedicated item. The conversation came just weeks after the Multistakeholder Hearing and coincided with the release of the Zero Draft of the HLM4 Political Declaration. During that week, the NCD Alliance also published its [text comments](#) [2] and an in-depth [analysis](#) [3] of the Zero Draft.

Member states emphasized the importance of integrating NCDs into Universal Health Coverage benefit packages and PHC, and the role of trained health workers in closing care gaps. Health taxes were recognized as triple wins by delegates, as a way of generating revenue, reducing risk factors, and funding prevention. The need to protect policymaking from conflict of interest was widely acknowledged, particularly timely with industry interference already visible in the lead-up to HLM4. We also welcomed Member States' recognition of the role played by people with lived experience and the importance of community engagement in the global NCD response.

Member States adopted five resolutions under this item, none with a vote, showing strong support. These included resolutions on [lung health](#) [4], focusing on risk factors, such as air pollution, the promotion of [kidney health](#) [5], [sensory impairments](#) [6], and the establishment of a world cervical cancer day (17 November). A decision to dedicate a report on mental health was also approved.

Promoting better health and access to care for all

With the global health workforce shortage projected to reach 11.1 million by 2030, Member States adopted a resolution to accelerate action and discussed ethical standards for international recruitment. Financing UHC also took center stage, and Member States adopted [the resolution on strengthening global health financing](#) [7] championed by Nigeria, as well as [the resolution on the uptake of norms and standards](#) [8]. Delegates also reaffirmed that people-centered health systems and advancing PHC are priorities to achieving UHC.

On the prevention side, WHA78 extended the global nutrition targets to 2030 and adopted more ambitious goals to reduce childhood overweight and increase exclusive breastfeeding, priorities that [require the transformation of our food systems](#) [9]. A milestone resolution on regulating the digital marketing of breastmilk substitutes was also passed.

Finally, and despite delayed proceedings and political friction, the [Global Action Plan on Climate Change and Health](#) [10] was adopted after several rounds of voting. The plan represents progress but is still silent on fossil fuels, the major driver of climate change and [air pollution](#) [11], and promoting financial support for vulnerable states has drawn some resistance. Member States also adopted the [updated road map on air pollution and health](#) [12], aiming to halve mortality from human-made sources of air pollution by 2040.

Conclusion: A Cautious Optimism

WHA78 may be remembered for the adoption of historic agreements. But as several Member States reminded us, the challenge now lies in implementation. Converting resolutions into real-world outcomes will determine whether this Assembly marks a true turning point. As we move toward the HLM4, it is time to ensure that political promises are backed by action, budgets, and systems that can deliver for all.

This year is also the time for governments to turn intent into action and to lead on Non communicable diseases. We now look ahead to HLM4 and call on Member States to translate this momentum into a strong Political Declaration.

About the authors:

Rachael Stanton joined NCD Alliance as the Policy & Advocacy Officer on NCD Prevention in April 2025. Prior to joining NCDA, she spent the last five years with UNDP's Global Health and Development Team, developing policy briefs and investment cases and providing technical support. In this capacity, she has developed expertise in NCD policy, advocacy, and communication, with a focus on tobacco control, mental health, road safety, and air pollution. She has worked closely with a range of stakeholders, including governments, WHO, and various UN agencies. She holds an MSc in Political Science and is passionate about health inequalities.

Mina Pécot-Demiaux joined the NCD Alliance Policy and Advocacy team in January 2025 as the Policy and Advocacy Officer to support the work of the global policy team, with a particular focus on Care, from Primary Health Care and UHC to the integration of NCDs into other global health priorities. After gaining early experience in Geneva, where she contributed to projects supporting access to healthcare for the most vulnerable communities in Kabul, she began her career in Brussels within non-governmental organisations and European institutions, focusing on issues related to development, global health, and climate financing.

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[1] <https://ncdalliance.org/news-events/blog/pandemic-agreement-finalised-what-it-means-for-equity-uhc-and-healthcare-workers>

[2] <https://ncdalliance.org/resources/ncd-alliance-text-comments-on-the-zero-draft-of-the-2025-political-declaration-on-ncds-and-mental-health>

[3] <https://ncdalliance.org/resources/ncd-alliance-response-to-the-zero-draft-2025-political-declaration-on-ncds-and-mental-health>

[4] https://apps.who.int/gb/ebwha/pdf_files/WHA78/A78_50-en.pdf#page=4

[5] https://apps.who.int/gb/ebwha/pdf_files/WHA78/A78_50-en.pdf#page=9

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[8] https://apps.who.int/gb/ebwha/pdf_files/WHA78/A78_51-en.pdf#page=2

[9] <https://ncdalliance.org/resources/from-policy-to-plate-advocacy-guide>

[10] https://apps.who.int/gb/ebwha/pdf_files/WHA78/A78_4Add2-en.pdf

[11] <https://actonnccds.org/resources/2025/integrating-action-air-pollution>

[12] https://apps.who.int/gb/ebwha/pdf_files/EB156/B156_24-en.pdf

[13] https://ncdalliance.org/sites/default/files/resource_files/WHA78_NCDA_analysis.pdf

[14] <https://old.ncdalliance.org/es/node/12809>

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