

Deep fissures on the direction of global health policy

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The World Health Organization (WHO) Executive Board convened for its 156th session (EB156) on 3-11 February 2025. The meeting unfolded against the backdrop of escalating humanitarian crises and geopolitical tensions. A week before, the US, WHO's largest financial contributor, announced its intention to withdraw from WHO, setting the stage for protracted budget negotiations that dominated the week.

On the road to the 4th High-Level Meeting

On Wednesday 5 February, NCDs took centre stage in the discussions, with emphasis on their critical importance in the lead-up to September's 4th High-Level Meeting of the UN General Assembly on the Prevention and Control of Noncommunicable Diseases and the Promotion of Mental Health and Well-being (HLM4). This focus had already been strongly laid out in the opening statements of many Member States. We were encouraged to hear many countries actively addressing the growing burden of NCDs and the necessity to accelerate efforts toward NCD targets.

The Board approved four resolutions related to NCDs for discussion at the 78th session of the World Health Assembly (WHA78) on: lung health, chronic kidney disease, vision impairment, hearing loss, and a cervical cancer elimination day. Also, a resolution on establishing a dedicated mental health agenda item was adopted, acknowledging the ongoing challenges in mental health services globally.

We heard delegates calling for "2025 to be a year of collective efforts" and highlighting that "the HLM4 provides an opportunity for renewed action." We must now collectively ensure that these sentiments lead to meaningful progress in the prevention and control of NCDs, protected from conflicts of interests and interference by harmful product industries.

Other significant milestones in advancing the NCD response include the Board's recommendation to adopt the updated road map on the response to the health effects of air pollution. But the need to reduce the use of fossil fuels to address both air pollution and climate change remained the unmentioned elephant in the room. We were also pleased to see the extension of more ambitious targets for childhood overweight and exclusive breastfeeding to

prevent diet-related NCDs.

Advancing on health equity

The session also emphasised the critical role of Universal Health Coverage (UHC) in achieving health equity, with Member States expressing concern over limited progress and financing gaps. We were pleased to see the resolution led by Nigeria calling for increased sustainable health financing to support UHC, addressing pressing health issues and strengthening health systems globally. The Board also addressed shortages within the global healthcare workforce through improved training and retention policies and better cooperation between countries.

EB156 also underscored the need for urgent action to advance women's, children's, and adolescent health, as many countries remain off-track to meet related SDG targets, particularly in maternal and newborn mortality.

Navigating new budget constraints

Everywhere at the WHO HQ, the budget was the subject of widespread discussion, both during public and private sessions. Member States all focused on the potential loss of \$700 million in income resulting from the US withdrawal, and its consequences for the current budget and the new resolutions under consideration at the meeting.

On day 2, Member States asked for a detailed screening of the budget implications of each resolution before moving to the approval stage. After the budget analysis document was published by the Secretariat, Member States decided to subject resolutions to prioritisation consultations ahead of WHA78, and the approval of the 2026-27 budget. At the end of the EB meeting, the Board conditionally approved most of the resolutions subject to the outcome of this prioritisation process.

In anticipation of the loss of the US contribution, the proposal to increase each country's Assessed Contributions by 20% was discussed. Assessed Contributions are the amounts each Member State must pay to the WHO on an annual basis, based on the country's GDP, and are negotiated every two years. Member States will have to approve these during WHA78 in May.

There was broad general support from the Assembly — however China remained reluctant and Russia stated its intention to reject the proposal at WHA78, promising long discussions ahead. If this proposal were to pass, China would become the largest contributor, surpassing the US contribution for 2025.

Adding to concerns over multilateralism, on day 3 Argentina also announced its intention to withdraw from the WHO.

Continued tensions over gender language and climate issues

Discussions on climate change and health raised further tensions, particularly between countries in the Global South, which reminded the meeting that they are disproportionately affected by climate change yet contribute less to global emissions. Member States requested further consultations on the report ahead of the Assembly in May.

Gender issues also continued to be a key point of contention, crystallised by the inclusion of the Center for Reproductive Rights as a non-state actor. Objections were raised from countries in AFRO, EMRO, and Russia, reflecting pushback and growing resistance to advancing women's health and rights globally.

Conclusion

The 10 days of EB156 starkly revealed deep fissures on the direction of global health policy. With HLM4 in September fast approaching, we call for growing leadership from Member States, which must take bold and integrated action to advance the NCD agenda. As emphasised by WHO Director-General Tedros, while the WHO must reflect on its challenges, past successes remind us that significant progress is possible with collaboration.

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