NCD Alliance

23 June 2025

NCDA Analysis of the 78th session of the World Health Assembly (WHA78)

Geneva, 3 May - This 78th session of the World Health Assembly (WHA78) may have defied the pessimists' predictions. Between 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 surprisingly shown some revival of multilateralism. To quote Dr. Tedros Adhanom Ghebreyesus, World Health Organization's (WHO) Director-General: "'Historic' and 'landmark' are overused, but they are perfectly apt to describe this year's World Health Assembly."

This was also reflected in the high number of delegates attending WHA78. The Chinese delegation alone brought over 180 delegates, filling the void left by the withdrawal of the United States earlier this year, who for the first time in history, did not send a delegation to the Assembly.

Yet serious challenges remain. WHO is now undergoing a prioritization process and grappling with a $1.7 billion budget shortfall. That is leading to major restructuring, staff reductions, and strategic reorientation. Tensions rose across several agenda items, and the Assembly saw 11 formal votes, a continuing trend observed in recent years. Disagreements on climate and health in the closing hours of WHA78 again reflected how public health issues are now at the center of deeper geopolitical divides.

But the reality check is that the world continues to suffer from overlapping humanitarian crises, from the war in Ukraine to the devastating famine and health system crisis in the occupied Palestinian territories. The dedicated discussions on these issues during WHA78 remind us that global health cannot be separated from questions of justice.

Over the course of the WHA session, Member States addressed 75 agenda items and sub-items and adopted more than 40 resolutions and decisions. These covered a broad range of priorities, including strengthening health emergency preparedness and response, progress toward Universal Health Coverage (UHC), support for the health and care workforce, environmental issues, and intensified action on Non communicable diseases (NCDs). Following the May multistakeholder hearing and in anticipation of the fourth High-level Meeting of the UN General Assembly on the prevention and control of NCDs and the promotion of mental health and wellbeing (HLM4), NCDs featured prominently in WHA78 discussions.

The Pandemic Agreement: an historic moment

On the very first day of WHA78, the long-awaited Pandemic Agreement was adopted unanimously after three years of negotiations. But this adoption was not without its challenges. Despite some behind-the-scenes reluctance from other Member States, Slovakia requested a vote on the resolution. In the end, 124 countries voted in favor, none voted against, while eleven countries abstained, including Bulgaria, Iran, Israel, Italy, Poland, Russia, and Slovakia. Although the much-preferred consensus was not reached, the agreement was nonetheless adopted, helping to restore confidence in the organization.

Member States commended the Pandemic Agreement as a victory of multilateralism in trying times, welcoming the underlying principles of equity, solidarity, and international cooperation. As stated by **Guyana** "at a time when multilateralism is under stress and severely tested, Member States of the WHO stood strong for the primacy of multilateralism."

The agreement 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.

But as former **New Zealand** Prime Minister and former UNDP Administrator, Helen Clark, remarked on the sidelines of WHA, the Pandemic Agreement is "a Christmas tree that needs a lot of decorating". The adoption of the core text is just the beginning. Countries now face the difficult task of negotiating the annex on Pathogen Access and Benefit Sharing (PABS), a mechanism central to ensuring equity in pandemic preparedness. The Intergovernmental Working Group (IGWG) is expected to deliver this by WHA79 in 2026, a timeline many views as ambitious. While the current agreement is imperfect and unfinished, it restores a degree of optimism in diplomacy and offers a foundation for future cooperation. As noted by **Jamaica**, "perfection can sometimes be the enemy of the good."

The Pandemic Agreement is the second formal international treaty negotiated through WHO, following the Framework Convention on Tobacco Control (FCTC) adopted in 2003. (The International Health Regulation (IHR) was also negotiated through the WHO in 2005 but is classified as a regulation rather than a treaty).

WHO budget: difficult time, renewed commitment.

The adoption of the Pandemic Agreement on the first day may have injected some positive energy. Member states approved a budget of $4.2 billion for 2026-2027, as well as a 20% increase in Assessed Contributions[1]-a result that was far from guaranteed in February at the 156th Executive Board (EB156). For the record, following the withdrawal of the United States, WHO was left with a funding deficit of $1.9 billion gap projected for the 2026–2027 biennium and an additional shortfall of $600 million for the remainder of the year.

Nevertheless, this $4.2 billion approved figure marks a reduction from the original $5.3 billion proposal presented at EB156 - a reduction of $1.1 billion in total. In his opening speech, Dr. Tedros Adhanom Ghebreyesus emphasized the modesty of the WHO budget, noting that the annual allocation of $2.1 billion is equivalent to just eight hours of global military spending, the cost of a stealth bomber or a quarter of the tobacco industry's annual advertising budget.

Member States also approved the 20% increase in Assessed Contributions (AC). This move is part of the 2022 financing reform, which aims to raise ACs to 50% of WHO's core budget by 2030. The increase was widely seen as a political signal of renewed trust in the organization and a necessary step to reduce dependence on earmarked voluntary contributions.

The WHO is also undertaking an ongoing prioritization process, and even if the budget was approved, Members States had different perspectives on how to distribute WHO's limited resources. Some delegations voiced strong concerns over what they saw as disproportionate budget reductions in their region, with **Haiti** highlighting a 14% cut to AMRO and **Panama** urging a more balanced distribution of resources. **Mexico** stressed that they continue to receive a lower budget for health promotion, especially for NCD monitoring. African countries and Small Island Developing States (SIDS) also emphasized the need for more equity. **Mauritius** underlined financial imbalance continues to prevail impacting the African region. The European and EU countries, including **Switzerland, Germany**, **Slovenia**, and **the UK**, while supporting the revised envelope, urged a continued focus on what they called WHO's core normative function, which is largely driven at the Head Quarter-level.

In Parallel of these discussions, and throughout the Assembly, several Member States announced new voluntary contributions. **Switzerland** committed $80 million, and **China** pledged $500 million spread over five years (still to be determined how much of those are new funding, Assessed Contribution (AC), earmarked money, or old money). During an evening reception on the second day, WHO hosted a high-level pledging event as part of its ongoing Investment Round, which brought in an additional $210 million in voluntary funding.

On the road to the fourth United Nations High-Level Meeting on NCDs and Mental Health

Discussions on NCDs took center stage on days three and five, under a dedicated agenda item, though a sense of momentum was already noticeable during the opening remarks, where NCDs were addressed by almost half of the countries making statements. These discussions came at a particularly important moment, just a few weeks after the Multistakeholder Hearing for the HLM4 due in September. They also coincided with the release of the first Zero Draft of the HLM4 Political Declaration, a key milestone for the whole NCD community. During that week, the NCD Alliance released its text comments and an in-depth analysis of the Zero Draft.

Under this agenda item, five resolutions were approved, none with a vote, demonstrating strong support from Member States. The Assembly adopted the resolution co-led by Malaysia on lung health, which acknowledges major risk factors including air pollution and tobacco and calls for greater investment in clean air policies and more integrated strategies. Member States also approved the resolution on kidney health, promoting early diagnosis, prevention, and access to care. The resolution led by Slovakia on prevention and integrated care for sensory impairments was also adopted, and so was the resolution to recognize 17 November as World Cervical Cancer Elimination Day. Finally, the Assembly approved a decision to dedicate a report on mental health, providing space for Member States to plan, discuss, and review progress on mental health.

More broadly, a large number of delegations, such as **Kenya** and **Brazil**, highlighted the need to integrate NCD services into community and Primary Health Care (PHC) as part of UHC goals. **Thailand** reminded us that well-trained health workers[1] and dedicated programs are key to addressing the burden caused by NCDs on health systems. We also heard recognition of the positive role of health taxes as a triple win - in both interventions by Member States, such as **France**, **Rwanda**, or **Finland:** *"Expanding taxation beyond sugary products to include harmful substances like salt and saturated fats, could enhance the positive effects on health, benefiting both public health and sustainable financing"*. [2] The issue of conflict of interest was another topic highlighted by many Member States including **Belgium** and **Spain.** This is especially relevant and welcome in the lead up to the HLM4,

[1] If you want to learn more about how to optimize the health workforce to expedite efforts to address NCDs, see NCD Alliance's report Staffed, Skilled, Supported and Sustainably Financed.
[2] This is also reflected in the Zero Draft of the Political Declaration, which includes the target of 80% of countries adopting or increasing health taxes in line with WHO's recommendations, as one of the most cost-effective measures to reduce consumption of unhealthy products while also generating additional public revenue.

given the frequent attempts by health harming industries to interfere in NCD policy-making processes.[3]

We also welcome Member States' recognition of the role played by people with lived experience and the importance of community engagement in the NCD response, as highlighted by **Thailand**, **Nigeria**, and **Tonga**. Putting people at the heart of the response, by engaging civil society, communities, and individuals with lived experience in decision-making, policy development, implementation, and accountability, is key to ensure an effective and equitable action on NCDs.

Finally, we heard several Member States calling for an ambitious HLM4 Political Declaration, and we hope these words will resonate:

"We believe that the upcoming high-level meeting is a golden opportunity to reaffirm our commitments to accelerate progress. A truly impactful outcome must focus on three key areas: sustainable financing to address the care gap; integrating NCDs and mental health services into the PHC system; and tackling the root causes of NCDs, unhealthy environments, commercial determinants, and inequities." Brunei Darussalam

UHC and the Health Workforce: Strengthening Access and Financing Along the Continuum of Care

Member States took stock of progress toward UHC goals and broadly acknowledged that the world remains off track. They also reaffirmed that people-centred health systems and advancing PHC is priority to achieving UHC. While the Director-General's report did not explicitly reference NCDs, several Member States, addressed the rising burden of NCDs and the urgent need to integrate their prevention, diagnosis, and treatment into PHC systems. **UAE**, speaking on behalf of EMRO, emphasized the need for national and regional tailored approach to address care gaps, and recalled that NCDs are undermining efforts.

Financing was the other pressing issue being discussed under this item, with the adoption of the resolution on strengthening global health financing led by **Nigeria.** The delegate underscored the worsening financial hardship in accessing essential services and called for support of a resolution aiming to sustain WHO's capacity to assist Member States. **Kenya**, speaking on behalf of the AFRO region, emphasized that achieving UHC is "not a matter of charity but a fundamental step toward global health equity" and endorsed the Lusaka Agenda as a "roadmap" for self-reliance and achieving

[3] For further context and background, NCD Alliance has developed a guide on dispelling myths on NCDs - as well as a monitoring form to track instances of industry interference around the HLM4.

healthcare "by Africans for Africans." Member States also adopted the resolution on the uptake of norms and standards, emphasizing the importance of strengthening national capacities to use evidence-based decision-making in the development and implementation of health guidelines.

Addressing the ongoing shortage of health care workers, predicted to reach 11.1 million by 2023, was another topic widely discussed across the week. Member States adopted the resolution on Accelerating Action on the Global Health and Care Workforce by 2030, led by **Morocco and Philippines**. Many Member States pointed out the urgent need to address geographic disparities and the international migration of health workers, both of which undermine equitable access to care. Countries such as **Niger**, **Kenya**, and **Mozambique** called for enforcement of ethical recruitment and Member States reviewed the WHO Code of Practice on the International Recruitment of Health Personnel through an **interim report they received.**

An important year for nutrition: taking stock of the momentum

With the UN Food Systems Summit +4 Stocktake (UNFSS+4), HLM4 and the 2025 UN Climate Change Conference (UNFCCC COP 30) still to come, 2025 marks an important year for global health and nutrition, and WHA78 itself made an important contribution, adopting a resolution which extends deadlines of current WHO nutrition targets until 2030. The resolution sets more ambitious targets for reducing overweight in children under 5 years of age to less than 5% and increasing exclusive breastfeeding in the first six months up to at least 60%, priorities that require the transformation of our food systems. Member States also passed a resolution on the regulation of the digital marketing of breast-milk substitutes. The resolution calls upon Member States to implement regulatory measures to regulate the marketing breast-milk substitutes as well as the inappropriate promotion of foods for infants and young children, building and strengthening monitoring systems and technology to report on digital marketing violations, and safeguard processes against conflict of interest, amongst others.

Continued political divides over climate

Despite a more difficult path to adoption after several Member States asked to postpone, the Global Action Plan on Climate Change and Health was adopted after several rounds of voting. This marks an important milestone, and the plan represents a crucial action-oriented tool to protect people and the planet from the health impacts of climate change. Unfortunately, the plan still fails to include a number of effective actions, including interventions to reduce fossil fuels, the main drivers of both climate change and air pollution, a major NCD risk factor. It also does not address the need for funding

for countries particularly vulnerable to climate change such as Small Island Developing States (SIDS), that are not necessarily always categorized as "developing countries".

Member States also adopted the updated road map on air pollution and health, including the target to reduce mortality from anthropogenic sources of air pollution by half by 2040, relative to 2015 baseline values. The road map is an excellent opportunity to regenerate momentum for action on air pollution ahead of the HLM4, with nearly 90% of air pollution-related deaths being linked to NCDs, while the integration of action on air pollution into national NCD plans remains inadequate. [4]

Conclusions:

WHA78 will likely be remembered as a turning point, a moment when WHO managed to restore important momentum around multilateral cooperation, pandemic preparedness, and sustainable financing, despite a tense geopolitical context. As added by Dr. Tedros Adhanom Ghebreyesus added in its closing remarks: “The adoption of the Pandemic Agreement and the approval of the next increase in Assessed Contributions (AC)” [5]

But the real challenge lies ahead: making sure that what was agreed on paper translates into concrete progress: bridging funding gaps and implementation of the resolutions despite the prioritization process. This Assembly also marked the last political gathering before the HLM4 in September. Member States showed strong commitment to addressing NCDs during their statements throughout the week. And now we look ahead to HLM4, which will be crucial to translate this momentum into a strong Political Declaration to set out mechanisms for better implementation, integration, financing, accountability, and community engagement. This year is the time for governments to turn intent into action and to lead on Non communicable diseases.

[4] In this context, NCD Alliance has developed Integrating Action on Air Pollution, an advocacy guide to support CSOs to make the case for the prioritization of air pollution as a critical risk factor for NCDs, in addition to a set of key advocacy asks to support policymakers to embed air pollution more effectively into NCD and mental health strategies.

[5] **Dr. Tedros Adhanom Ghebreyesus**, at the closing of the Seventy-eighth World Health Assembly (WHA78) on **28 May 2025**