

The 75TH WORLD HEALTH ASSEMBLY (WHA75)

Patrick Kadama and Carol Natukunda share key insights on the World Health Assembly

The 75th World Health Assembly held this year in May, was the first gathering of Member State delegates, civil society representatives and global health experts, since the COVID-19 pandemic began in 2020 to discuss current priorities and next solutions on vital global public health issues, as the decision-making body of WHO. It delivered a long-awaited broad agreement that, the world needs a stronger WHO and support for a better framework to manage health crises, with a firm leadership which Member States overwhelmingly expressed through a unanimous and uncontested vote of confidence for the Director-General, Dr. Tedros Adhanom Ghebreyesus, to hold a second term of office, up to 2027. The main functions of WHA are to determine the policies of the Organization, appoint the Director-General, supervise financial policies, and review and approve the proposed program-budget for technical support of global paradigms to shift towards preventing disease and promoting health and reorientation of health systems towards primary health care as the foundation of universal health coverage.

This assembly paved way, for a quicker and lighter response for WHO action during international health emergencies. The assembly enabled Member States in the Executive Board to unanimously agree to the establishment of a Standing Committee on Health Emergency (Pandemic) Prevention, Preparedness and Response. This panel will enhance oversight of WHO's work in emergencies by regularly monitoring and assessing performance and helping to ensure a faster, more efficient response when a "Public Health Emergency of International Concern" is declared. Strategic round table discussions led to consensus on amendments proposed for International Health Regulations (IHR) and implications for global health security despite divergent views, from experiences with COVID-19 and scrutiny by experts. IHR was first negotiated in 1968 and most recently modified in 2005, in response to the H5N1 avian influenza. After much deliberation, the amendment, submitted by

the United States (to Article 59 of the IHR), was adopted by consensus. This amendment will make the IHR a more flexible legal instrument and build a strong foundation for the future efforts of the above Member State-led Working Group on IHR, which will continue deliberating on changes to the regulations over the next two years aiming to improve global health and health security centered around global health security reform IHR.

The assembly agreed to adopt a landmark decision to improve the World Health Organization's financing model. Recommendations were adopted, of a Sustainable Financing Working Group made up of WHO's Member States, which was set up in January 2021. In one of the key recommendations in the Working Group's report to the Health Assembly, Member States target a gradual increase of their assessed contributions (membership dues) to represent 50% of WHO's core budget by the 2030–2031 budget cycle, at the latest. In the last budget biennium, 2020–2021, assessed contributions represented only 16% of the approved programmes-budget! Member States will also consider a replenishment model to finance the remainder of the base budget and to establish a Member State task team to oversee ongoing reforms to WHO's transparency, efficiency, accountability, and compliance efforts. It is essential to change the financing structure for WHO to recruit and retain top talent, increase funding flows to the country level, and ensure that budget allocations are based on scientific evidence and programmatic need.

In line with this year's theme, Health for Peace and Peace for Health, the consequences of conflict were a top concern. Participants noted the physical and mental health impacts of violence and conflict, which exacerbate existing vulnerabilities and plague communities in every corner of the world. Prevention of Sexual Exploitation and Abuse and Sexual Harassment (PSEAH), as well as safeguarding and investing in health and

care workers, were highlighted and over 100 countries co-sponsored the resolution on human resources for health to adopt the Working for Health 2022-2030 Action Plan focusing upon (i) planning and financing; (ii) education and employment; (iii) protection and performance as well as the related Global Health and Care Worker Compact that aims at preventing harm; providing support; inclusivity; and safeguarding rights.

Other knock-on effects of conflicts, especially the spread of infectious disease, increasing climate vulnerabilities, and global food insecurity and malnutrition, to which the African continent is particularly susceptible were key concerns. The assembly therefore also approved a record number of recommendations relating to noncommunicable diseases (NCDs) such as cancers, diabetes, heart and lung diseases, as well as to mental health, and their risk factors. For the first time for example, the assembly agreed to the creation of global targets for addressing diabetes. The targets are part of a new comprehensive set of recommendations to strengthen and monitor national diabetes responses. It is the aim of WHO to ensure the achievement of UHC.

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<https://www.who.int/about/governance/world-health-assembly>

https://apps.who.int/gb/ebwha/pdf_files/EB151/B151_3-en.pdf

<https://www.who.int/news-room/events/detail/2022/05/23/default-calendar/strategic-roundtables-seventy-fifth-world-health-assembly>

<https://www.who.int/news/item/24-05-2022-world-health-assembly-agrees-historic-decision-to-sustainably-finance-who>

https://www.who.int/publications/m/item/w4h-action-plan-2022_2030

<https://www.who.int/publications/m/item/carecompact>

<https://www.who.int/news-room/feature-stories/detail/world-health-assembly-approves-recommendations-to-support-people-living-with-ncds-in-humanitarian-emergencies>

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