

# The 75<sup>th</sup> World Health Assembly

## “Health for peace and peace for health”

Geneva, Switzerland from 22 to 28 May 2022

### KEY FINDINGS

The **World Health Assembly (WHA)** is the **supreme decision-making body of the World Health Organization (WHO)** and adopts decisions and resolutions recommended by the WHO Executive Board and the Director General or introduced by (groups) of WHO Member States during the WHA. A preliminary list of available reports, decisions and resolutions is provided in this briefing. All documents used in and relevant for the 75<sup>th</sup> WHA are regularly updated on the WHA75 website: [WHA75\(who.int\)](https://www.who.int/wha75).

The **75th WHA** will take place in Geneva, Switzerland, from 22 to 28 May 2022. The main topic is “**health for peace and peace for health**”. It will discuss matters focusing on four pillars, three of which contribute to the “**triple billion targets**”:

- Pillar 1: One billion more people benefiting from **universal health coverage**
- Pillar 2: One billion more people better protected from **health emergencies**
- Pillar 3: One billion more people enjoying **better health and well-being**
- Pillar 4: More effective and efficient WHO providing better support to countries

Delegations from **194 WHO Member States** and other organisations (with observer status) will participate in the meeting, which consists of a plenary and two committees. Between sessions, technical meetings and social events are organised.

The **European Union (EU)** cooperates with WHO and supports its activities in reaching public health targets on global, regional and local (country) level. The **European Parliament** has provided major contributions relevant for the 75th WHA including on accelerating progress and tackling inequalities towards ending AIDS as a public health threat by 2030 (Pillar I), the upgrade of the cross-border health threats framework, strengthening of the European Centre for Disease Prevention and Control (ECDC) and the European Medicines Agency (EMA) (Pillar II) as well as, for example, the EU food and feed regulation (Pillar III).

This year’s World Health Assembly will address the topic “**Health for peace and peace for health**” in the face of multiple crises around the globe that require well-coordinated and coherent action. The WHO considers peace as a structural determinant of health and delivers humanitarian work in fragile environments.<sup>1</sup> WHO’s [Health for Peace approach](#) aims at promoting dialogue, participation, inclusiveness, and trust and conflict sensitivity. The focus is currently set on the COVID-19 pandemic, and on war,



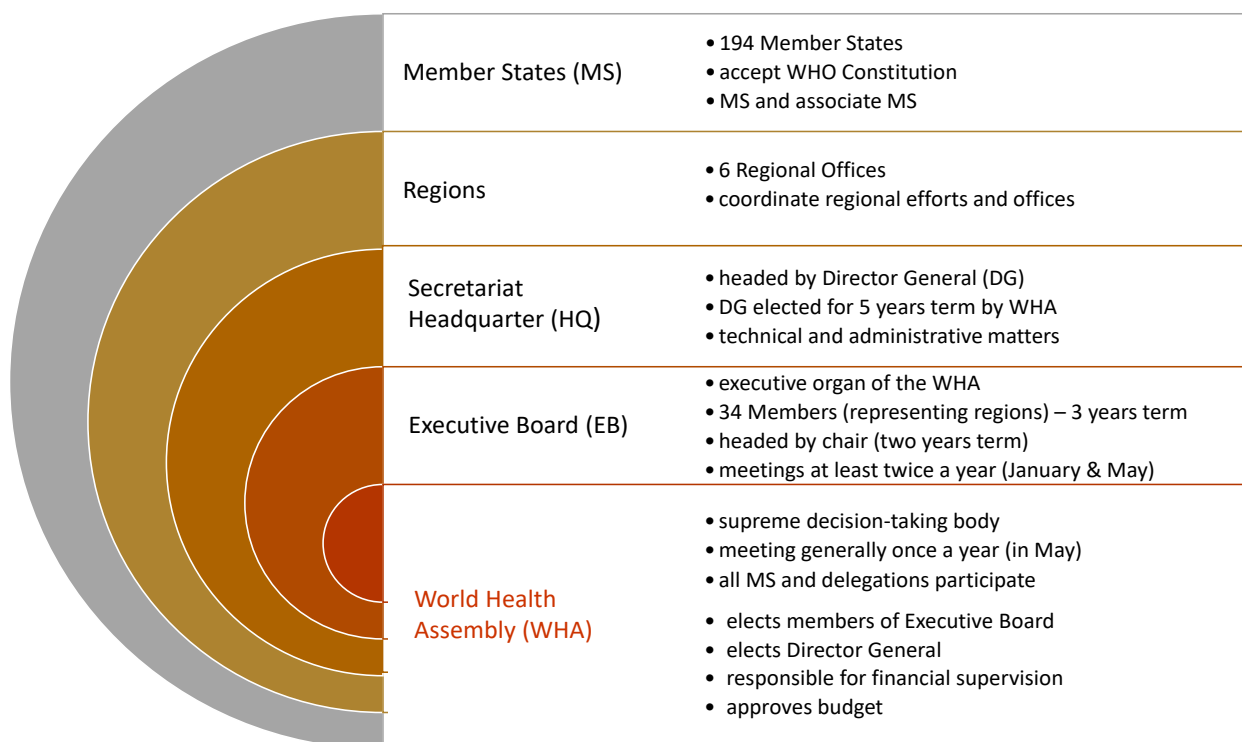
emergencies and crisis in Ukraine, Northern Ethiopia, Afghanistan, Syria and other regions. WHO [monitors health emergencies](#) globally.

## A brief history and functioning of the WHA

The **World Health Organization** (WHO), the United Nations (UN) specialized agency for health, was **established in 1948** with the objective for all people to attain the **highest possible level of health**. In its constitution<sup>2</sup>, health is defined as a state of complete physical, mental and social well-being and not merely the absence of illness or infirmity.

The World Health Assembly (WHA) is one of the three WHO organs (WHA, Executive Board (EB) and Secretariat) and the **supreme decision-making body** of the WHO comprising of **194 Member States** (MS).

Functioning and structure of the WHO, role of the WHA



Source: The authors, based on [WHO and the WHA – an explainer](#)

Each WHO Member State delegates no more than three representatives to attend the **session of the WHA** held in Geneva, Switzerland, each year in May. The WHA may convene in special sessions, as necessary; so far, this has happened only twice - in 2006 to accelerate the procedure to elect a Director General (DG), and at the end of 2021 to discuss the development of the *“Pandemics Treaty”* (see also page 11 of this briefing).<sup>3</sup> The **first WHA** was held in Geneva in June 1948 with delegations from 53 of its then 55 Member States.<sup>4</sup> Since then, the **WHA has met every year for the past 74 years**. In 2021, the WHA was held virtually for the first time due to the COVID-19 pandemic.<sup>5</sup>

The WHA elects an **Executive Board (EB)** which consists of [34 members that are technically qualified in the field of health](#). Meetings take place in January and in May (shortly after the WHA annual meeting). The EB prepares decisions and resolutions to be considered by the WHA and is mandated to give effect to the WHA decisions and to act as its **executive organ**.<sup>6</sup> The WHO **Secretariat** at the headquarters (HQ) of the WHO in Geneva consists of the DG and all technical and administrative staff. In addition to the secretariat, there are six **regional offices** responsible for the coordination of tasks in the respective region.

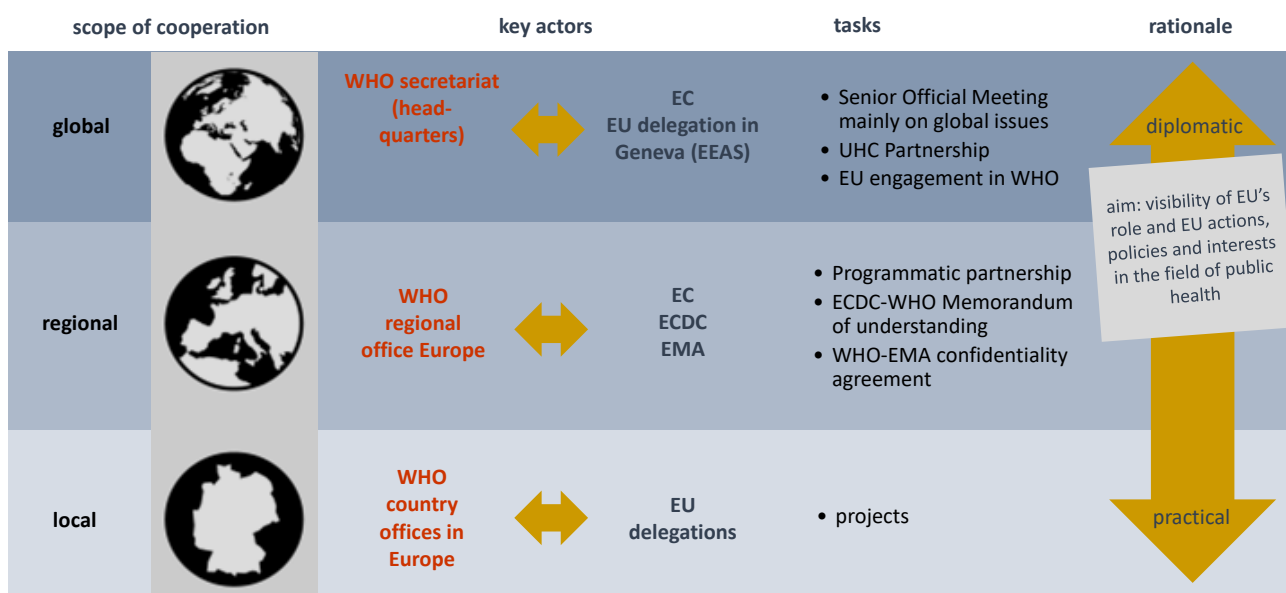
**Participants** of the WHA are delegations from WHO Member States, international organizations (such as the European Union, organizations of the United Nations or the World Bank, see also list of attendees at the 74<sup>th</sup> WHA in 2021<sup>7</sup>) and other [non-state actors in official relations with the WHO](#) (nongovernmental organizations, international business associations and philanthropic foundations, academic institutions) invited to attend the WHA as observers and to participate in technical briefings and (social) side events, such as the “walk the talk”<sup>8</sup>. Non-state actors have to be granted the privilege of “official relations with the WHO” by the Executive Board, which is reviewed every three years.<sup>9</sup>

## The WHO/WHA and the European Union

The **European Commission (EC)** attends as an observer in the meetings of the WHO Executive Board and the World Health Assembly, as only nation-states can join the WHO as members with voting right.<sup>10</sup>

The **strategic and multifaceted partnership between WHO and the EC** has been strengthened and expanded in recent years with the commitment to protecting and improving human health in the European Region as well as worldwide. The partnership shares a common ambition to ensure universal health coverage for everyone and to achieve the highest level of health and health protection in line with the Sustainable Development Goals (SDGs).<sup>11</sup> A joint statement issued by the EC and WHO/Europe in 2020 calls for closer partnership adapted to new health priorities and emerging challenges, with a **focus on five areas**<sup>12</sup>: (1) health security against health emergencies and other threats, (2) effective, accessible, resilient and innovative health systems, (3) a comprehensive response to noncommunicable diseases with a focus on cancer (4) sustainable food systems and health and (5) health cooperation with non-European Union countries in the WHO European Region.

### EU’s relations with the WHO



Source: Bergner et al. 2020: Upholding the World Health Organization. Next Steps for the EU. SWP Comment. No. 47. Oct. 2020.

At the 75<sup>th</sup> WHA, the main objective is to consider and adopt resolutions and decisions either prepared by the last EB (which took place in January) or submitted to the Secretariat since the EB meeting. The **French Presidency of the EU** will read out **11 statements** on behalf of the EU and its Member States on key agenda items. Regular coordination meetings and consultations before and during the WHA will ensure close coordination between EU and EU Member States and the services of the EC in developing those joint statements.<sup>13</sup>

Practical information

Note that all information and documents provided before (e.g. draft agenda), during (resolutions, reports) and after (finalised documents, meeting documentation) the WHA are shared and regularly updated on a the WHA website: [WHA75\(who.int\)](http://WHA75(who.int)).

**Statements** by observers, invited representatives of UN and other participating intergovernmental organizations are limited to two minutes or 220 words, statements by non-state actors in official relations with the WHO are limited to one minute (except for selected agenda items, where a limited number of non-state actors will deliver constituency statements for threeminutes each).

During the meeting **interpretation** will be provided in the official languages of the WHO: Arabic, Chinese, English, French, Russian and Spanish. Copies of statements need to be submitted to [interpret@who.int](mailto:interpret@who.int) by mail at least one hour prior to a statement indicating the name of the (country) delegation in the subject of the mail.

There is a **WHA App** and a **delegates guide** to be released within short notice before the meeting helping to orient participants during the meeting. Information will be provided on the WHA website: [WHA75\(who.int\)](http://WHA75(who.int)).



The WHO is active on **Social Media**, follow-up on information about the meeting:

- [WHO Twitter](#)
- [WHO YouTube](#)
- [WHO Facebook](#)
- [WHO Instagram](#)


The EU, through the EC, has significantly increased its **financial contribution to WHO** during the 2020–2021 biennium, with overall EU contributions to WHO increasing from US\$ 105 million in 2012–2013 to US\$ 466 million in 2020–2021. This contribution makes the EC the fifth highest overall WHO contributor for 2020/2021 (as of mid 2021). According to WHO Europe, the EC provided US\$ 135.76 million to WHO’s COVID-19 Strategic Preparedness and Response Plan in 2020.<sup>14</sup>

The 75<sup>th</sup> World Health Assembly

The 75<sup>th</sup> WHA is all about **“health for peace and peace for health”**. It is organised – as every WHA - in two different formats – the plenary session and separate Committee sessions (Committee A and Committee B). Apart from the plenary and committee meetings, technical briefings are arranged that allow for the presentation, discussion and knowledge sharing on specific public health topics.

**Plenary sessions** include the opening remarks, different speeches and reports (by the Director General, invited guest speakers or reporting back from Committee meetings) and procedural topics such as elections. The plenary convenes several times during a WHA in order to listen to announcements and reports and to **adopt the resolutions** submitted by the committees.

Provisional Agenda WHA75



World Health Organization  
SEVENTY-FIFTH WORLD HEALTH ASSEMBLY  
22–28 May 2022

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**Provisional agenda**

**Plenary**

1. Opening
2. Report of the Executive Board
3. Address by Director-General
4. Post of Director-General
5. Speeches by invited speaker(s)
6. Admission of new (Associate) Members [if any]
7. Executive Board election
8. Awards
9. **Reports of the main committees**
10. Closure

|  |   |
|--|---|
| <p><b>Committee A</b><br/>treats technical matters for Pillars I to IV in agenda items 12. – 18.</p> | <p><b>Committee B</b><br/>treats admin. matters for Pillars I to IV in agenda items 19. – 28.</p> |
|--|---|

Source: Provisional Agenda 75<sup>th</sup> WHA.

There is a **provisional time schedule** for the listed topics<sup>15</sup>, however, each topic will be discussed for as long as necessary. Although the Chair generally proceeds with topics as listed in the agenda, the chair may decide to change the agenda.<sup>16</sup> For several agenda items, **informal consultations** among WHO Member States and the **development of the position of the EU** and its 27 Member States are still **ongoing**.<sup>17</sup>

The two committees at the WHA have different responsibilities. **Committee A** (agenda items 11 – 18) predominantly debates program and technical matters, and **Committee B** (agenda items 19 – 28) deals with administrative, financial and legal matters. Both Committees report back to the plenary session (item 9 on the provisional agenda) and address sub-topics of four major pillars corresponding to the WHO's [Thirteenth General Programme of Work, 2019–2023](#) (extended to 2025 in the Executive Board meeting in January 2022) and the [Programme budget 2022–2023](#):

- Pillar 1: One billion more people benefiting from **universal health coverage**
- Pillar 2: One billion more people better protected from **health emergencies**
- Pillar 3: One billion more people enjoying **better health and well-being**
- Pillar 4: More effective and efficient **WHO providing better support** to countries

The first three pillars build the “**triple billion target**” of the WHO. Progress towards this target is monitored in the [Triple Billion Dashboard](#).

## Planned reports, decisions and resolutions at the 75<sup>th</sup> WHA

*The World Health Assembly has the “authority to adopt conventions or agreements [...with a...] two-thirds vote of the Health Assembly required for the adoption of such conventions or agreements [...]”. Furthermore it has “authority to make recommendations to Members with respect to any matter within the competence of the Organization.”<sup>18</sup>*

The WHA takes decisions and adopts resolutions

- either based on recommendations by the Executive Board set in its meeting in January prior to the WHA (some based on (groups of) WHO Member States’ initiative)
- or based on draft documents introduced/ proposed by WHO Member States before or potentially even during WHA meetings.<sup>19</sup>

The **150<sup>th</sup> Executive Board meeting in January 2022** recommended several items for adoption by the 75<sup>th</sup> WHA. For some other items, the EB requests the WHA to take note or to provide guidance on the further development and implementation. Several items are recommended for action in the consolidated report of the DG<sup>20</sup> to the WHA members.

At the time of writing, **no potential WHO Member States resolutions have yet been made available on the WHA website**. The information provided in this briefing stems from available sources online. The provisional (and later final) agenda for the meeting includes all documents presented (with a link) and is regularly updated.

The following chapters present **insights to main topics and documents that will (as introduced by EB and/or DG) or may be presented (by WHO Member States) for action by the 75<sup>th</sup> WHA**. Presentation is based on currently available information and is organised **by Pillar**.

## 1. Plenary session

One of the main tasks of the WHA is the election of the Director General (in the plenary session), which will be held this year after Dr. Tedros Adhanom Ghebreyesus' 5 year term is coming to an end.

*Dr. Tedros Adhanom Ghebreyesus: "Our vision is not health for some. It's not health for most. It's health for all: rich and poor, able and disabled, old and young, urban and rural, citizen and refugee. Everyone, everywhere."*<sup>21</sup>

The following table lists key documents presented in the plenary session of the WHA.

### Short bio Dr Tedros Adhanom Ghebreyesus<sup>15</sup>

- elected DG in 2017, renominated for 2022
- first DG from WHO African Region
- Bachelor in Biology, MSc in Immunology of Infectious Diseases, PhD in Community Health
- Honorary Fellowship from the London School of Hygiene and Tropical Medicine
- former Minister of Health (2005 – 2012) and Foreign Affairs (2012-2016) in Ethiopia

### Plenary - **Key documents** proposed / recommended for action at the 75<sup>th</sup> WHA

| Document/Topic   | Short Description   | Introduced by & action requested from WHA  | Comment / Positions  |
|--|---|--|--|
| Appointment of the Director General (Re-election)<br>( <i>Agenda Item 4.</i> ) | The Executive Board recommended Dr Tedros Adhanom Ghebreyesus for re-election for the Post of Director-General <sup>22</sup> in its session preceding the 75 <sup>th</sup> WHA. | Executive Board with its resolutions EB150.R1 and EB150.R2 <b>recommends</b> adoption of resolution          | There is increasing support from WHO Member States for the candidate. Some countries, even if not in favour of renomination, did not nominate another candidate. Thus, there is no other nominee. <sup>23</sup><br>It is anticipated that the WHA will consider the Board's nomination in a private meeting <sup>24</sup> with attendance limited to delegations of Members, the representatives of Associate Members, the representatives of the United Nations, and the Secretariat.   |
| Taiwan observer status<br>( <i>likely Agenda Item 6.</i> )                     | Taiwan is aiming for an observer status in the WHA.   | Several WHO Member States <b>will likely request</b> to grant Taiwan observer status to the WHA for adoption | Taiwan has requested to be granted an observer status to the WHA. China voted against the former request of Taiwan in the WHA74. At the time of writing, Taiwan has not received an official invitation to the 75 <sup>th</sup> WHA, yet there are indications that a Taiwanese delegation will travel to Geneva to observe the meeting (and introduce a demand to be granted observer status). <sup>25</sup><br>As of 16 May 2022, WHO's principal legal officer stated that thirteen nations have submitted proposals for the discussion of inviting Taiwan to the WHA. All proposals will be reviewed by the WHA committee on 22 May 2022. <sup>26</sup><br>The United States of America support Taiwan in this matter. President Biden signed a " <i>bipartisan legislation to direct the State Department to develop a strategy to assist Taiwan in obtaining observer status at the World Health Assembly (WHA) [...].</i> " <sup>27</sup> China rejects this US initiative. <sup>28</sup><br>It is not known what the position of the EU is on Taiwan's status. |



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| <p>(Draft) resolution on Russia<br/><i>(likely Agenda Item 6.)</i></p> | <p>The draft resolution may include a freezing of voting rights for Russia and closure of its WHO office (WHO European Office for the Prevention and Control of Noncommunicable Diseases, based in Moscow since 2014).</p> | <p>WHO Member States (Ukraine + others, mainly European region)<br/><b>will likely propose</b> resolution for adoption (resolution previously passed in a regional meeting, see also comment column)</p> | <p>Ukraine and several other WHO Member States are considering a resolution for the closure of the WHO office in Russia or at least a “relocation” outside of Russia. The freezing of Russia’s voting rights in the WHA is a further potential content of such (draft) resolution.<sup>29</sup></p> <p>In a regional WHO meeting the resolution was put forward for a vote. The majority of European countries support the draft resolution: <i>“The resolution passed [the regional meeting] with 43 votes in favour. Only Belarus and Tajikistan sided with Moscow in opposing the resolution, while Armenia and Kazakhstan abstained.”</i><sup>30</sup></p> <p>EU will continue working with Ukraine and like-minded countries on the draft resolution to be submitted to the 75<sup>th</sup> WHA aiming for a fine balance between a strong response to the Russian aggression and maximum support from the wider WHO membership.<sup>31</sup></p> |
|--|--|--|--|

Source: The Authors based on the WHA75 website - [WHA75 \(who.int\)](https://www.who.int/wha75) and on the [EB150 meeting outcomes](#)

## 2. Pillar I - Universal Health Coverage (UHC)

The WHO defines Universal Health Coverage (UHC) as “ensuring that all people have access to promotive, preventive, curative, and rehabilitative health services of quality, when and where they need them, without financial hardship”.<sup>32</sup> For the achievement of UHC the [strengthening of health systems](#) is a requirement as well as the implementation of actions on community levels (primary health care).

For this purpose the WHO has set its goals in its Programme of Work to **provide the benefit of UHC to 1 billion more people worldwide** than before. The WHA has adopted several resolutions/decisions in connection and contribution towards UHC in 2019, and implemented several **initiatives and programmes** aimed at UHC: The [UHC2030](#), a global platform for UHC<sup>33</sup>; the **Universal Health Coverage Partnership (UHC Partnership)** of currently 115 countries supporting each other in attaining UHC and in strengthening health systems focused on primary health care (PHC) implementing actions of UHC 2030; and the **P4 Social Health Protection Network (P4H)** and its L4UHC (Leadership for UHC) project working towards sustainable health financing and UHC globally.

The **EU is taking an active role** in UHC by supporting global activities such as the UHC partnership and UHC2030.<sup>34</sup> With regard to access to medicines (a population that can easily access medicines with regard to distance, coverage and price) for example, the EU has strengthened its collaboration with WHO in the fields of incentivising local manufacturing and enhancing access (for vaccines, medicines and other health technologies) mainly in Africa.<sup>35</sup>

Under the umbrella of Pillar I, the 75<sup>th</sup> WHA concentrates on the **prevention and control of communicable and noncommunicable diseases (NCD)**, different global health sector strategies and infection prevention and control. It also covers the topic of health workforce under Pillar I.

The following table presents key documents covered by Committee A and B for Pillar I.

Pillar I - **Key documents** proposed/ recommended for action at the 75<sup>th</sup> WHA

| Document/Topic   | Short Description  | Introduced by & action requested from WHA  | Comment/Positions   |
|--|--|--|---|
| <b>Political declaration on the prevention and control of noncommunicable diseases</b><br>(Agenda item 14.1 - Committee A)                           | At the 75 <sup>th</sup> WHA, several reports are presented to inform about the progress and actions taken to implemented the declaration which had been adopted in 2011. It will be recommended to adopt the reports.                                    | Executive Board with its decision EB150(4) and Director General in his report to the 75 <sup>th</sup> WHA<br><b>recommend</b><br>adoption of decision (regards sub-documents)                      | No potential opposition identified on the general topic of noncommunicable disease action. As reports presented for adoption range from diabetes, oral health, elimination of cervical cancer, mental health, epilepsy and other neurological disorders, harmful use of alcohol to prevention of obesity, discussions on different topics are foreseen. |
| <b>Global health sector strategies on HIV, viral hepatitis and sexually transmitted infections</b><br>(Agenda item 14.2 - Committee A)               | The global health strategies were adopted by the WHA in 2016 setting inter alia targets for 2030 (ending of these communicable diseases). A draft resolution on the action until 2030 is planned to be presented for action in the 75 <sup>th</sup> WHA. | Executive Board with its resolution EB150.R3 and Director General in his report to the 75 <sup>th</sup> WHA<br><b>recommend</b><br>adoption of resolution following further informal consultations | No potential opposition identified to date.   |
| <b>Development of a global infection prevention and control strategy</b><br>(Agenda item 14.6 - Committee A)   | When it was discussed in the 150 <sup>th</sup> Executive Board meeting, board members emphasized the importance of developing such strategy to allow for a quicker implementation and closer monitoring in this respect.                                 | Director General in his report to the 75 <sup>th</sup> WHA<br><b>requests</b><br>guidance on further steps   | No potential opposition identified to date.   |
| <b>Report on the Global Strategy on Human Resources for Health: Workforce 2030</b> <sup>36</sup><br>implementation<br>(Agenda item 15 - Committee A) | This Global Strategy aims at the strengthening and optimization of the health workforce. The current report to be presented shows that the global health workforce shortage is estimated to diminish from 15 million in 2020 to 10 million in 2030.      | Director General in his report to the 75 <sup>th</sup> WHA<br><b>recommends</b><br>encouragement of WHO Member States to continue implementation   | Report is presented together with other reports on health workforce. DG will present developments since the WHA69.19 (2006) resolution initiating the Global Strategy on Human Resources for Health. Discussions anticipated on health workforce shortages.   |
| <b>(Draft) resolution on Strengthening Clinical Trials to Improve Public Health</b><br>(likely Committee A)  | As reported <sup>37</sup> , the United Kingdom plans to introduce a draft resolution on Clinical Trials (which may have already been presented at the 150 <sup>th</sup> EB meeting, no reference found).   | Member States (United Kingdom & Argentina)<br><b>will likely propose</b><br>resolution for adoption  | No potential opposition identified to date. Médecins sans Frontiers (MSF) commented on the draft resolution, that " <i>the resolution can be strengthened to better serve public health needs</i> " and recommends several additional actions to WHO Member States (to be incorporated in an updated version of the draft). <sup>38</sup>               |

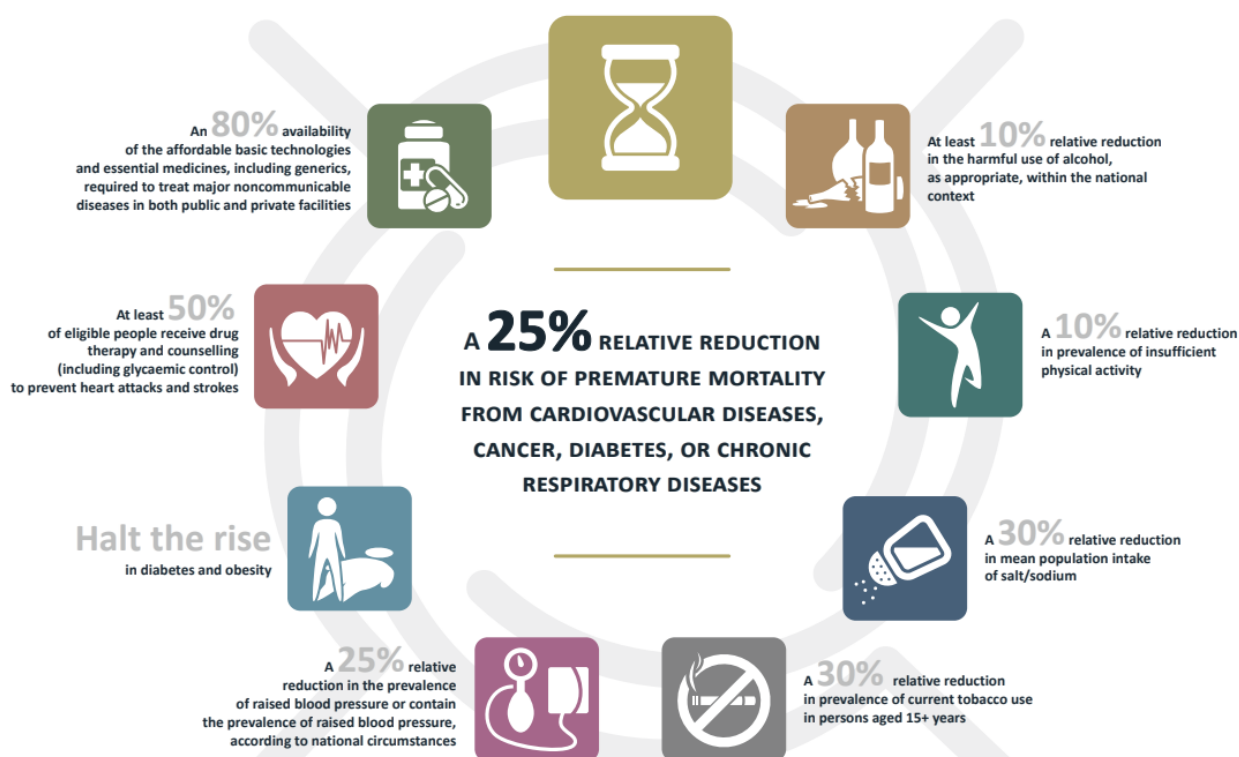
Source: The Authors based on the WHA75 website - [WHA75 \(who.int\)](http://WHA75.who.int) and on the [EB150 meeting outcomes](#)



### a. Communicable and noncommunicable diseases

In general, **WHO targets on noncommunicable diseases (NCDs)** (such as diabetes or cancer) are based on the 2030 Agenda for Sustainable Development foreseeing strong national responses until 2030, which is supported by the WHO global action plan for the prevention and control of NCDs 2013-2020<sup>39</sup> (prevention and management targets defined).<sup>40</sup> WHO monitors nine global targets and 25 indicators based on the [Global NCD Monitoring Framework](#).

Nine voluntary global targets for NCDs for 2025



Source: WHO: Infographic - 9 global targets for noncommunicable diseases for 2025. Available [here](#)

The **European Union** has set a focus on NCDs. NCDs are responsible for 80% of the total burden of disease in EU countries. NCDs also put pressure on national health systems financing and governance and thus require a holistic approach. The EC supports EU countries in reaching the **nine voluntary targets of the UN and WHO (by 2025) and the SDGs** in this respect. It is also working on **Healthier Together** (the EU noncommunicable diseases initiative) and has established the [Steering Group on Health Promotion, Disease Prevention and Management of Noncommunicable Diseases](#).<sup>41</sup>

**Communicable diseases** (including COVID-19 or HIV/AIDS) are a main target of the WHO aiming to strengthen global cooperation and knowledge sharing (see also documents for action by the WHA in Pillar I and Pillar II, as some (aspects of) communicable diseases may also be relevant in health emergencies (i.e. COVID-19 and lessons from the pandemic). The **European Centre for Disease Prevention and Control (ECDC)**, an EU agency established in 2005, aims at strengthening Europe's defences against infectious diseases.<sup>42</sup> The ECDC collaboration with WHO is based on a **2005 Memorandum of Understanding**. A coordination group between the two organisations was established to work on, e.g., the **development of a European reporting and response system**.<sup>43</sup>

### 3. Pillar II - Health Emergencies

WHO's traditional role in preparedness includes [monitoring of health emergencies](#) and technical support to countries and regions to enhance their **health system's capacities to respond** in case of emergencies. With resolution WHA 58.1 (2005), the WHO Member States were asked to work on preparedness plans.<sup>44</sup>

The **COVID-19 crisis accelerated actions** of the WHO and its Member States to improve preparedness for health emergencies. At the 74<sup>th</sup> WHA, WHO Member States adopted a resolution reaffirming **WHO's role as coordinating authority in health during emergencies and beyond**, and to aid governments towards achieving resilient health systems and universal health coverage. They agreed to convene a **special session of the WHA in November 2021** to consider the benefits of developing a WHO convention, agreement or other international instrument on pandemic preparedness and response<sup>45</sup> (for details see below the information on the "Pandemics Treaty"). In addition, the WHO Secretariat runs a [Dashboard of COVID-19-related recommendations](#). At the 150<sup>th</sup> Executive Board meeting in January 2022, the strengthening of the **health emergency preparedness, response and resilience (HEPR)** architecture of the WHO was stressed. The DG committed to work on HEPR with WHO Member States and to present it at the 75<sup>th</sup> WHA.<sup>46</sup> Several **committees** have been established to support these efforts:

- Standing Committee on Pandemic and Emergency Preparedness and Response
- WHO Member States Working Group on "Strengthening WHO Preparedness and Response to Health Emergencies" (WGPR) established in 2021<sup>47</sup>
- [Independent Panel for Pandemic Preparedness and Response](#)
- Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme ([IOAC](#))

**The EU's role in Global Health** was established in Council Conclusions in 2010 and has since then rather remained reactive until the COVID-19 crisis, which acted as a turbo for the implementation of several actions:<sup>48</sup>

- [Council Conclusions relating to the Africa-EU Partnership](#)
- [Establishment of the European Health Emergency preparedness and Response Authority \(HERA\) specifically related to cross-border health threats](#)
- [Renewed Neighbourhood, Development and International Cooperation Instrument \(NDICI\)](#)
- [Contribution towards the development of the "Pandemics Treaty"](#)

The following table presents key documents covered by Committee A and B for Pillar II.

Pillar II - **Key documents** proposed / recommended for action at the 75<sup>th</sup> WHA

| Document  | Short Description  | Introduced by & action requested from WHA   | Comment/Positions   |
|---|--|---|---|
| <b>Implementation of the International Health Regulations (2005)</b><br><i>(Agenda item 16.4 - Committee A)</i> | These regulations build the legal framework and guidance for 196 countries including all 194 WHO Member States in health crises and emergencies potentially having an effect across borders (see also text below the table). | WHO Member States Working Group on Strengthening WHO Preparedness for and Response to Health Emergencies (WGPR) <b>requests</b> discussion, presents report, potentially asks for guidance on further steps | WHO Member States stress importance of the International Health Regulations (IHR) (2005), but are only willing to amend rather than renegotiate the whole instrument. <sup>49</sup> Discussions expected. Foreseen for discussion in the 75 <sup>th</sup> WHA, no documents yet available; presentation of report, potentially request for guidance on further steps. |

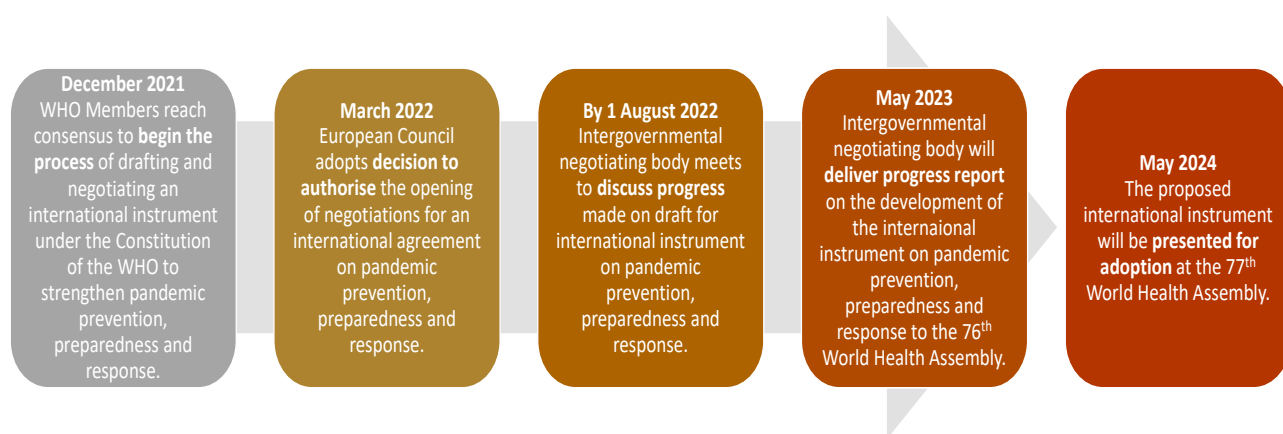
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| <p><b>Global Health for Peace Initiative</b><br/>(Agenda item 17.2 - Committee A)</p>   | <p>The Global Health for Peace Initiative was introduced by WHO Member States to the 150<sup>th</sup> EB meeting asking for the provision on further guidance and Secretariat involvement in the implementation.</p>  | <p>WHO Member States (Bahrain, Kuwait, Netherlands, Oman, Qatar, Switzerland and Uruguay) via the Executive Board with its decision EB150(5) and Director General in his report the 75<sup>th</sup> WHA <b>recommend</b> adoption of decision</p> | <p>Is expected to be discussed with regard to general topic of the 75th WHA (health for peace) and currently ongoing crises.</p>   |
| <p><b>White paper on more inclusive health emergency preparedness, response, and resilience (HEPR) architecture</b><sup>50</sup><br/>(likely Committee A)</p> | <p>The white paper contains recommendations in three areas: (1) Governance, (2) Systems and (3) Financing. It aims at presenting the Director General’s 10 proposals to strengthen HEPR (also with regard to the development of the “Pandemics Treaty”, see text below the table for more information.)</p> | <p>Director General and WHO Member States as well as the Executive Board <b>will likely propose</b> ideas and present a new framework</p>   | <p>White paper was in review procedure. Comments available. Discussed at the 150<sup>th</sup> Executive Board meeting, Director General announced that he will prepare ideas with WHO Member States for the 75<sup>th</sup> WHA<sup>51</sup>, including a new framework for all the health emergency reforms and processes underway and the role of the WHO within.<sup>52</sup> Director General announced on 12 May 2022 that WHO will present “a plan to strengthen the global architecture for health emergency preparedness, response, and resilience” at the 75<sup>th</sup> WHA.<sup>53</sup></p> |
| <p><b>(Draft) decision on modelling of excess deaths during COVID</b><br/>(likely Committee A)</p>  | <p>India challenges the WHO methodology to calculate and model excess deaths.<sup>54</sup></p>  | <p>WHO Member State (India) <b>may propose</b> decision for adoption</p>  | <p>No information available on other WHO Member States complaints on the methodology. Discussions anticipated.</p>   |

Source: The Authors based on the WHA75 website - [WHA75 \(who.int\)](https://www.who.int/news-room/wha75) and on the [EB150 meeting outcomes](#)

a. The “Pandemics Treaty”

In an extra-regular WHA meeting at the **end of 2021** (29 November – 1 December 2021), the 194 Member States of the WHO agreed on starting a process to **develop an international instrument** (such as a

Process for the development of the “Pandemics Treaty”



Source: The authors based on [European Council, Infographic - Towards an international treaty on pandemics](#)

convention, agreement, treaty) under the Constitution of the WHO to strengthen pandemic prevention, preparedness and response.

For this purpose, an intergovernmental negotiating body<sup>55</sup> was constituted and held a first meeting on 1 March 2022. In March 2022, the **European Council** ([Council Decision \(EU\) 2022/451](#)) agreed on directives to the EC for negotiating such an international pandemics treaty on behalf of the European Union, including complementary amendments to the International Health Regulations (IHR) (2005). The second meeting of the **intergovernmental negotiating body** is planned to take place in August 2022, where progress made on the plans outlined in the document will be discussed.

The process for the “Pandemics Treaty” further foresees presentation of the documents’ status in a **progress report at the 2023 76th WHA** and a **proposal for an international instrument at the 77th WHA in 2024**.

It is **discussed between WHO Member States**, whether such treaty is the best solution at the right time to improve better preparedness and response to health emergencies. While some WHO Member states urge to quickly progress (and not wait until the end of the COVID-19 pandemic), others aim to focus on ending the pandemic first and to include well-developed lessons-learned in the treaty.<sup>56</sup>

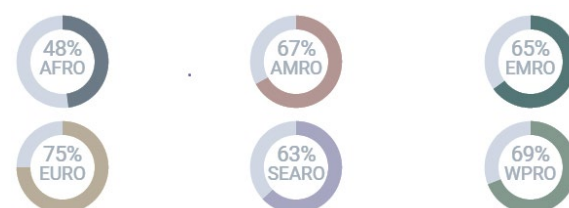
#### b. The International Health Regulations (IHR)

The WHO Executive Board, in its 150<sup>th</sup> session in January 2022, recommended the **adaptation and strengthening of the IHR** first developed in 2005. The IHR are implemented at national level under the coordination of the WHO, which is backed by a monitoring system (since 2010).<sup>57</sup> It includes the necessity for each country to establish IHR National Focal Points for direct communication with WHO.<sup>58</sup>

WHO regions self-assess their capacities to (1) detect, (2) assess and report, and (3) respond to cross-border health threats once a year through the IHR Electronic States Parties Annual Reporting ([e-SPAR](#)) tool. Currently, the average **capacities** of all WHO regions are assessed at 64% and for the **European region at 75%**.<sup>59</sup>

In general, WHO Member States support the IHR and have emphasized a **need for their strengthening (without renegotiating the instrument as such)** according to the WGPR interim report presented at the 150<sup>th</sup> Executive Board meeting. The WHO Member States Working Group on Strengthening WHO Preparedness for and Response to Health Emergencies (WGPR) will propose amendments necessary to the IHR at the 75<sup>th</sup> WHA, including funding and financing, information sharing, rapid access to outbreak sites, establishment of intermediate alerts or revision of the IHR amendments process.<sup>60</sup>

Average of IHR capacities per WHO region



AFRO = African Region (Office)  
 AMRO = Region of the Americas (Office)  
 EMRO = Eastern Mediterranean Region (Office)  
 EURO = European Region (Office)  
 SEARO = South-East Asian Region (Office)  
 WPRO = Western Pacific Region (Office)

Source: IHR Electronic States Parties Annual Reporting ([e-SPAR](#)); updated 13 May 2022.

#### 4. Pillar III - better health and well-being

In Pillar III, the main document presented in the 75<sup>th</sup> WHA is the **WHO global strategy for food safety**<sup>61</sup>, which has been updated by the DG following a request from the WHA to incorporate new technologies and strategies to improve food safety systems and to promote regional and global cooperation. The updated strategy aims to guide WHO Member States in their efforts to **prioritize, plan, implement, monitor and evaluate actions to promote food safety** and to contribute to achieving the SDGs by 2030.

Food safety is a **public health concern of highest priority**. Foodborne diseases caused by harmful levels of bacteria, viruses, parasites and chemical or physical substances have a substantial impact on public health potentially leading to severe diseases or even death. The **updated strategy** aims for every person to consume safe and healthy food so as to reduce the disease burden caused by contaminated food. Five interlinked strategic priorities have been identified to create evidence-based, people-centred and cost-effective food safety systems: (1) strengthening national food control systems, (2) identifying and responding to food safety challenges (3) improving the use of evidence-based decision-making (4) strengthening an inclusive approach, and (5) promoting food safety in food trade.

**EU food safety policy** has been reformed in the early years of 2000 after several human food and animal feed crises such as the Bovine spongiform encephalopathy (BSE) outbreak. This has led to the **development of the “Farm to Fork” approach**, which aims for food produced within or imported from outside the EU to follow safe production and distribution processes.

The following table presents available key documents treated in Committee A and B for Pillar III.

Pillar III - **Key documents** proposed / recommended for action at the 75<sup>th</sup> WHA

| Document   | Short Description  | Introduced by & action requested from WHA  | Positions / Comments  |
|--|--|--|---|
| <b>WHO global strategy for food safety</b><br>(Agenda item 18.2 - Committee A)   | The <a href="#">WHO global strategy for food safety</a> was first published in 2002 and updated in 2020/2021. The <a href="#">new Draft Strategy</a> is recommended for adoption by WHO Member States (see also text above the table).   | Executive Board with its decisions EB150(8) and EB150(9) (see also EB150(125) and EB150(126) and Director General in his report to the 75 <sup>th</sup> WHA<br><b>recommend</b><br>adoption of decision(s) | WHO Member States will develop country implementation road maps and will have to make appropriate financial resources available to support the work. Discussions anticipated. |
| <b>Scale of assessments 2022–2023</b><br>(Agenda item 21.2 - Committee B)  | The United Nations scale of assessments is applied (in a slightly adapted manner) by the WHO and shows the contribution of WHO Member States in percentages (defined also with respect to capacity to pay).  | Executive Board with its resolution EB150.R5 and Director General in his report to the 75 <sup>th</sup> WHA<br><b>recommend</b><br>adoption of resolution  | No opposition identified to date.   |
| <b>(Draft) resolution on outcome of the Small Island Developing States (SIDS) Summit for Health<sup>62</sup></b><br>(likely Committee A) | The SIDS Summit for Health: For a healthy and resilient future in Small Island Developing States, the SIDS Summit for Health was held virtually in June 2021. The outcome report of the SIDS Summit will probably be the basis for a draft resolution if introduced. <sup>63</sup> | WHO Member States (Cabo Verde, Fiji and Vanuatu) introduced & discussed the topic in 150 <sup>th</sup> Executive Board meeting and<br><b>may propose</b><br>a resolution for adoption                      | No opposition identified to date.   |
| <b>(Draft) resolution on health promotion and well-being<sup>64</sup></b><br>(likely Committee A)  | The draft resolution was introduced and discussed in the 150 <sup>th</sup> EB meeting. It emphasizes the importance of health promotion.   | WHO Member State (United Arab Emirates) introduced & discussed the topic in 150 <sup>th</sup> EB meeting and<br><b>may propose</b><br>a resolution for adoption  | No opposition identified to date.   |

Source: The Authors based on the WHA75 website - [WHA75 \(who.int\)](#) and on the [EB150 meeting outcomes](#)



## 5. Pillar IV - WHO providing better support

The **functioning of WHO** and the ways it is delivering support to countries **changed during COVID-19** and has impacted its approaches to work.

In Pillar IV, the WHA will discuss, e.g., **recommendations from the Sustainable Financing Working Group (WGSF) in Committee A**. The working group was assigned with finding a solution to tackle the chronic underfunding of WHO that became apparent during the COVID-19 pandemic. The WGSF in April 2022 reached consensus that WHO **Member States' contribution to the base budget should be increased from 16% to 50%** with respect to the WHO organisation reform focussing on transparency, efficiency and accountability.<sup>65</sup> **Committee B** concerned with financial and management matters will inter alia discuss the **recommendations of the Executive Board** to adopt the salaries of staff and will receive a reporting on **operational efficiencies**.<sup>66</sup> It is also requested to extend the "global strategy and plan of action on public health, innovation and intellectual property" towards the end of 2030.

The following table presents key documents covered by Committee A and B for Pillar IV.

Pillar IV – **Key documents** proposed/ recommended for action at the 75<sup>th</sup> WHA

| Document  | Agenda Item   | Introduced by & action requested from WHA  | Positions / Comments   |
|---|---|--|--|
| <b>General Programme of Work results framework</b><br>(Agenda item 12. - Committee A)                   | The <a href="#">Thirteenth General Programme of Work 2019-2023</a> working on the "triple billion targets" is aimed to be extended towards the end of 2025, and until then, impact on country level should be made visible. | Executive Board with its resolution EB150.R4 <b>recommends</b> adoption of resolution  | The Executive Board recommended to extend the General Program for two further years towards 2025. Some minor changes to the budget are presented as well as operational efficiencies reported. No reports on opposing opinions.  |
| <b>Final report of the Sustainable Financing Working Group (WGSF)</b><br>(Agenda item 13.- Committee A) | Report not yet available, but an increase of the share WHO Member States contribute towards the base budget of the WHO was agreed in the WGSF in April 2022.  | Sustainable Financing Working Group (WGSF) <b>will present</b> report and <b>eventually propose</b> recommendations for adoption | The final recommendations of the working group will be submitted for formal adoption by WHA as follows: The WHA will request the WHO Secretariat to develop budget proposals to the regular budget cycle for an increase of assessed contributions (membership fee for WHO) to reach an aspirational level of + 50 percent compared to 2022/2023 biennium by the biennium 2028/2029. Further it will recommend the establishment of an agile Member States task group on concurrently strengthening WHO governance for transparency, efficiency, accountability and compliance. The first step is to increase the assessed contributions by +20% in the budget proposal for 2024/2025. In considering further proposals for increases, the WHO Member States will assess progress towards the implementation of WHO reforms that are within the remit of the Secretariat. <sup>67</sup><br><br>In case of adoption of these recommendations, this would mean a major change in the WHO's |



|   |  |  |   |
|---|--|--|---|
|   |  |  | financing system in the long run. <sup>68</sup> Discussions expected.   |
| <b>Global strategy and plan of action on public health, innovation and intellectual property</b><br><i>(Agenda item 21.6 - Committee B)</i> | The strategy includes a framework for access to essential health technologies, including for developing countries. The strategy designed for the period 2008–2022 is aimed to be extended to 2030. | WHO Member States (Argentina, Bangladesh, Brazil, Colombia, Costa Rica, Ecuador, India, Indonesia, Kenya, Peru, Portugal, South Africa and Uruguay) via Executive Board with its decision EB150(11) and Director General in his report to 75 <sup>th</sup> WHA <b>recommend</b> adoption of decision | WHO Member States are urged to reinforce implementation and information-sharing. Médecins Sans Frontières in favour <sup>69</sup> , no other comments yet identified. |
| <b>Salaries of staff in ungraded positions and of the Director-General</b><br><i>(Agenda item 21.8 - Committee B)</i>                       | The salary of management posts is set in this document taking effect from 1 January 2022.  | Executive Board with its resolution EB150.R8 and Director General in his report to the 75 <sup>th</sup> WHA <b>recommends</b> adoption of resolution   | No opposition identified to date.   |

Source: The Authors based on the WHA75 website - [WHA75 \(who.int\)](https://www.who.int) and on the [EB150 meeting outcomes](#)

## Summary of the European Parliament work on topics relevant for the 75<sup>th</sup> WHA

The European Parliament's has worked on the matters **related to Pillars I to III**.

Pillar I was addressed by a resolution on accelerating progress and tackling inequalities towards ending AIDS as a public health threat by 2030, and Pillar II with the upgrade of the cross-border health threats framework and strengthening the European Centre for Disease Prevention and Control (ECDC) and European Medicines Agency (EMA).

The following table presents main decisions of the European Parliament on topics relevant for the 75<sup>th</sup> WHA.

Main European Parliament decisions / rulings on topics relevant for the 75<sup>th</sup> WHA

| Topic and Reference   | Description  |
|---|--|
| <b>Pillar I</b><br>Progressive roll-out of the In Vitro Diagnostic Medical Devices Regulation<br><i>(Regulation (EU) 2022/112 amending Regulation (EU) 2017/746 )</i> | <p>In order to address the unprecedented challenges of the COVID-19 pandemic, EU Member States postponed the implementation of the In Vitro Diagnostic Medical Devices Regulation of 2017, which introduced important changes in the regulatory framework for vital in vitro diagnostic medical devices, such as HIV or COVID tests. The regulation gives so-called conformity assessment bodies a stronger role in monitoring the compliance with regard to safety and performance requirements of medical devices prior to their entrance in the EU market.</p> <p>In order to avoid the risk of supply shortages of essential in vitro medical devices, the EC put forward in October 2021 an amendment of the proposal to allow for a progressive roll-out of the Regulation of 2017. The amendment does not change any requirements of the original Regulation; it only grants a later implementation of some of those requirements. After the adoption of this proposal by the European Parliament and the Council, the amendment of the In Vitro Diagnostic Medical Devices Regulation will come into effect from 26 May 2022 and will ensure the continuous supply of these essential products.<sup>70</sup></p> |

|   |   |
|---|---|
| <p><b>Pillar I</b></p> <p>European Parliament resolution on accelerating progress and tackling inequalities towards ending AIDS as a public health threat by 2030<br/>(2021/2604(RSP))</p>  | <p>In March 2021, the European Parliament adopted a Resolution on Accelerating progress and tackling inequalities towards ending AIDS as a public health threat by 2030 in response to the Global AIDS Strategy.</p> <p>The resolution lists concrete actions to be taken by the EU to finally end AIDS including the support of partner country efforts to build strong and resilient health systems that can provide HIV-sensitive universal health coverage, to prioritise health as part of the EU-Africa strategy and to increase investments in HIV and sexual and reproductive health focusing on girls, women and vulnerable groups. It also calls on the EC and EU Member States to enhance global health security through an inclusive universal health agenda that incorporates both existing pandemics such as the HIV pandemic and emerging ones. The resolution furthermore seeks to ensure that the EC works with EU Member States to support community-led responses as key component in effective HIV/AIDS response.<sup>71</sup></p>  |
| <p><b>Pillar II</b></p> <p>Upgrade of the cross-border health threats framework and Strengthening European Centre for Disease Prevention and Control (ECDC) and European Medicines Agency (EMA)<br/>(2020/0322(COD) repealing Decision No 1082/2013/EU; COM/2020/727)</p> | <p>In November 2020, the EC adopted a proposal for a regulation on serious cross-border threats to health. The Council agreed its position in July 2021. In September 2021, Parliament adopted its negotiating mandate. The proposal aims at building a stronger and more comprehensive EU health security framework for epidemiological surveillance, monitoring, early warning of, and combating serious cross-border threats to health, enabling the EU to react rapidly and to facilitate adequate prevention, preparedness and response measures to all cross-border health threats. The proposal was presented, together with other proposals to strengthen the European Centre for Disease Prevention and Control (ECDC) and the European Medicines Agency (EMA), as initial steps towards building the European health union. Among other amendments, members of the European Parliament (MEPs) also proposed that the EU should call for the development of a WHO Framework Convention on Pandemic Preparedness and Response to facilitate the implementation of the International Health Regulations (2005) and address the shortcomings of these regulations.</p> <p>In November 2021, Parliament voted again on amendments on the proposal, to update its negotiation mandate to ensure that the proposed regulation on cross-border health threats is consistent with the mission of the EU Health Emergency Preparedness and Response Authority (HERA). Since its adoption, negotiations for an international agreement on pandemic prevention, preparedness and response are ongoing (The "Pandemics Treaty", see section above for details).<sup>72</sup></p> |
| <p><b>Pillar III</b></p> <p>Food Safety legislation<br/>(e.g. Regulation (EC) No 178/2002)</p>  | <p>A framework regulation including general principles and requirements for EU food and feed was introduced in 2002. The regulation implemented a rapid alert system for food and feed across all EU Member States and established the European Food Safety Authority (EFSA). To protect consumers, food is regularly analysed and monitored for possible contamination. The European Parliament requested a mandatory indication of the origin of processed foods (with a focus on meat) and, together with the Council, called upon new rules to increase food inspections for enhanced traceability and fraud prevention. During negotiations, Parliament was able to tighten enforcement combatting fraudulent practices. The EP has been actively promoting and contributing to the continuous updating of the EU legislative framework for food and feed with the aim of increasing food safety and consumer health, among other goals.<sup>73</sup></p>  |

Sources: As indicated in table, see respective endnotes.

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