



Daily Brief - Day 4 of WHA76

Wednesday, 24 May 2023

The [fourth day of WHA76](#) was divided into 2 Committees and organized around the [discussion of agenda items](#):

Committee A	Committee B
<p>Item 14.1 – The Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme <i>[continued]</i></p> <p>Item 14.2 – Implementation of the International Health Regulations (2005) <i>[continued]</i></p> <p>Item 15.1 – Strengthening WHO preparedness for and response to health emergencies <i>[continued]</i></p> <p>Item 15.2 – WHO’s work in health emergencies <i>[continued]</i></p> <p>Item 15.3 – The Global Health for Peace Initiative <i>[continued]</i></p> <p>Item 12 - Global strategy for Women’s, Children’s and Adolescents’ Health (2016–2030) <i>[continued]</i></p> <p>Item 13.1 - Universal health coverage <i>[Postponed]</i></p> <p>Item 13.2 - Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, and mental health <i>[Postponed]</i></p>	<p>Item 19: Budget and Financing Matters (with sub-items 19.1–19.5)</p> <p>Item 18: Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan</p>

Committee A

Committee A initially planned to vote on condemning Russian Federation's aggression causing health emergencies in Ukraine, but procedural changes and limited access led to complaints from civil society organizations. The Chair apologized, allowing those who missed the proceedings to speak. WHO emphasized honoring commitments to increase assessed contributions and the need for a cultural shift in strengthening the Health Emergency Program and Response (HEPR). Clinical trials for marginalized populations, alignment across processes, and the importance of a rapidly deployable HEPR team were acknowledged. Coherence between the International Negotiating Body (INB) and International Health Regulations (IHR) was emphasized.

Moment of the Day: Love Fest between Mike Ryan and Dr Tedros



Dr. Tedros thanked Dr. Mike Ryan, referring to him as an excellent General, revealed his given name "Ragnar" for him.

*Agenda Item 15.2, Document [A76/12](#), on the implementation of resolution WHA75.11 on WHO support to the humanitarian and emergency health response. The resolution strongly condemned the Russian Federation's military aggression against Ukraine, including attacks on healthcare facilities, and requested the Director-General (DG) to submit a report to the WHA76, assessing the direct and indirect impact of the aggression on the health of the Ukrainian population and the regional and wider health impacts. The **Russian Federation** and **Syrian Arab Republic** explicitly opposed the report on A76/12, as they do not recognize the mandate of the document accepted last year. **Denmark**, on behalf of 32 Member States of the EURO region, asked for relocation of the NCD office in Moscow to Copenhagen, stating that holding a UN office is a privilege.*

Voting on the draft Resolutions [A/76/A/CONF./3](#) and [A/76/A/CONF./4](#)

Agenda item 15.2 focused on "WHO's work on health emergencies" and saw the introduction of two resolutions. The **first resolution, proposed by Ukraine** and supported by 42 other Member States, particularly from European countries, addressed the "Health emergency in Ukraine and refugee-receiving and -hosting countries, stemming from the Russian Federation's aggression" (A76/A/CONF/3). The **second resolution, put forth by the Russian Federation** and co-sponsored by the Syrian Arab Republic, aimed to tackle the "Health emergency in and around Ukraine" (A76/A/CONF./4). Both resolutions sought to contribute to the discussion on WHO's work in health emergencies under agenda item 15.2.

During the voting process, the **Ukraine resolution was approved** with support from the Western block. However, there were significant abstentions and absences, particularly from countries in the EMRO and AFRO regions. Hungary and Serbia were also absent from the vote. There were a total of 141 Member States participating in this vote. Among them, 80 voted in favor, 9 voted against, and 52 abstained, while 43 were absent. On the other hand, the **Russian Federation resolution was rejected**, with a significant number of abstentions, mainly from AFRO and EMRO Member States; 62 voted against, 13 voted in favor, and 61 abstained.

Member States aligned with Russia, including the Democratic Republic of **Korea, China, Nicaragua**, and **Belarus**, argue that the WHO should avoid politicization, maintain neutrality in humanitarian aid, adhere to multilateral principles, and address these matters in other global governance forums. They believe that the Ukrainian resolution may escalate tensions. These Member States underline the importance of the WHO remaining neutral at all times.

Brazil, among the abstaining Member States, justified its vote by stating that neither proposal would effectively reduce violence against health professionals or assist affected populations. They emphasized that issues related to humanitarian concerns, human rights, and security have dedicated areas of global governance within the United Nations (UN) and the UN Security Council. Brazil expressed concern over the proliferation of WHO decisions and resolutions without prior debate among Member States, which undermines multilateralism and the spirit of Geneva.

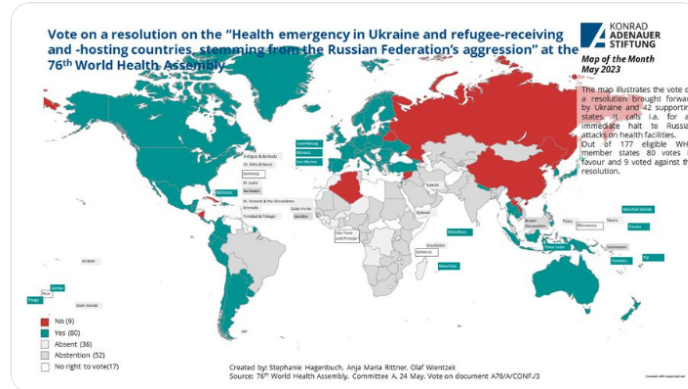
Notable Tweet and [Article](#) on this agenda item.



Olaf Wientzek
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And here a map of the vote on the resolution. Notable, all African states either abstained or were absent (except Algeria). Significant support among Latin American countries, several states from South East Asia and countries from Oceania.



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Following the lunch break, Committee A continued discussion on [Agenda Item 12](#) – on the **Global strategy for Women’s, Children’s and Adolescents’ Health (2016–2030)**. Member States addressed the concerning impact of COVID-19 on maternal, newborn, and child health. The discussions reiterated the theme from Monday’s session, emphasizing that the pandemic has significantly hindered progress in these areas, particularly in countries of the Global South. It is worth noting that the term "abortion" was only mentioned once in the Member State interventions, specifically in the floor statement by the **Democratic Republic of the Congo (DRC)**. **Niger** called upon the WHO to secure increased financing to support capacity-building efforts and enhance health training.

Several Member States, including **Malawi**, expressed their support for Somalia's proposal to introduce a resolution at the World Assembly in 2024, focusing on accelerating progress towards the Sustainable Development Goals related to child and maternal health. However, Iran raised ideological concerns with the report. They argued that women should be made aware of the benefits of early marriage and timely and multiple childbirth in order to make informed decisions. Iran suggested changing the focus of family planning programs mentioned in paragraph 21 of the document, from reducing the number of births to encouraging timely and conscious pregnancies and increasing the fertility rate above replacement level. Additionally, **Iran requested replacing the term "pregnant woman" with "pregnant mother"** in paragraph 5, as they believed using the term "mother" would evoke a greater commitment to maintaining the health of the unborn child.

Furthermore, several speakers from civil society organizations (CSOs) called for a more progressive approach to women's health. They expressed dissatisfaction with the implicit notion in certain aspects of WHO's work that women's health revolves primarily around their role in human reproduction. These CSO speakers urged a broader understanding of women's health beyond reproductive health and emphasized the importance of addressing diverse issues and concerns related to women's well-being. The **MMI/PHM statement** argued:

Women's, children's and adolescents' health are distinct issues. WHO should report on them separately. Women's health should not be reduced to reproductive and maternal health.

The MMI/PHM statement also demanded a broader focus on gender identity and expression, and called for an interdisciplinary lens on gender and health outcomes:

WHO should broaden gender definitions to include non-binary and trans-persons right to health. We urge it to collect disaggregated data, including data on the social determinants of health and the ecological crisis, and develop guidelines that recognise the specific health needs of LGBTQI+ persons, and women from marginalized groups: Indigenous, racial and ethnic communities, migrants, conflict-affected women, and women with disabilities.

Fortunately today, the Chair made the decision to forgo a nighttime session. Tomorrow, Committee A will commence discussion matters under agenda item 13 – progress on the achievement of Universal Health Coverage, and the issue of NCDs (including planning for the upcoming UN High Level Meeting in September) – which, inexplicably, have been lumped together on the agenda.

Right to Reply

At the end of the session, the **Russian Federation** exercised its right to reply in response to statements made by the United Kingdom, Ukraine, and other countries. In their reply, the Russian Federation sought to emphasize that it is Ukraine, rather than Russia, that bears responsibility for the attacks on health institutions. They used this opportunity to present their perspective and counter the accusations made against them by other countries.

Committee B

The session began at 11:40 am with the election of Dr. Alvarenga Cardosa as the chair. **Sweden**, on behalf of the European Union, highlighted the close cooperation between the EU and the WHO on various subjects in the European region and globally. They requested permission for the EU delegation to attend and participate in subcommittee meetings and drafting groups as observers.

The president presented **agenda 19** on budget and finance matters. This included the assessment of the 2022 budget, financing and implementation of the program budget for 2022/23, and an outlook on financing for the 2024/25 budget. Several documents, such as [A76/16](#), [A76/17](#), [A76/41](#), [A76/18](#), and [A76/19](#), were available for reference. The Committee on budgetary and administrative issues provided reports on various items, including the results report for 2022, program budget for 2022-2023, and financial statements for the year ended December 31, 2022. They also discussed voluntary contributions and WHO's presence in countries, territories, and areas in 2023.

The Committee recommended accepting the results report for 2022 and the audited financial statements. For item 19.2, the Committee proposed that the secretariat should continue providing Member States with detailed reports and submit annual reports on operational efficiencies.

After lunch, the committee reconvened to discuss agenda **item 18** and countries engaged in their annual debate about the validity of the health concerns of the Palestinian people. Several countries, including **Lebanon, Syria, Zimbabwe, Malaysia, Tunisia, Namibia, Maldives, North Korea, Libya, Iraq, Saudi Arabia, Bolivia, Turkey, Egypt, Pakistan, South Africa, Qatar, Cuba, Sudan, Russia, Nigeria, Venezuela**, called for access to Palestine to provide humanitarian aid, support the establishment of health facilities, and deliver necessary medical supplies. There was a marked concern about the health conditions in the occupied Palestinian territories, including East Jerusalem, and the occupied Syrian Golan. These countries emphasized the importance of closely monitoring the health situation in the occupied region. They criticized Israel's control over movements, restrictions on medical supplies, and the impact on healthcare access and called for stronger support and assistance to improve the health situation in these territories. **Israel** argued that the discussion was being politicized and emphasized its support for the WHO's assistance program in Palestine. **Syria, Iran, and Namibia** also highlighted the health challenges and violations faced by Palestinians and called for accountability and depoliticization of healthcare services. **Kuwait, China**, and several other countries condemned the violations committed by the Israeli occupation and expressed support for the draft decision to address the health concerns of the Palestinian people. **Turkey, Egypt, Pakistan, South Africa, and Qatar** emphasized the right to health, the need for international support, and an end to discriminatory healthcare access. Majority of countries supported the draft decision proposed by Palestine to address the health challenges in the occupied territories.

The decision in document [A76/B/CONF/1](#) has been adopted with 76 votes in favor, 13 votes against, and 35 abstentions. The DG was to report on the progress of implementing recommendations for health conditions in the occupied Palestinian territory and the occupied Syrian Golan, and support to

the Palestinian health sector, ensuring equitable access to medical resources, facilitating safe passage for ambulances, and assessing mental health issues.

[Tweet of the Day: Health conditions in Palestine](#)



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Always good to check how WHO members vote on the report on health conditions in Palestine, if only to remind oneself how much shamelessness there is. ▼ is not official count

Report and resolution on health conditions in Palestine - WHA 76 - voting

YES

Kuwait, Laos, Luxembourg, Malaysia, Maldives, Mauritania, Mauritius, Mexico, Monaco, Mongolia, Morocco, Namibia, New Zealand, Niger, Nigeria, Oman, Pakistan, Paraguay, Peru, Philippines, Qatar, South Korea, Russia, Saudi Arabia, Senegal, Serbia, Singapore, Slovenia, South Africa, Spain, Sri Lanka, Sudan, Switzerland, Syria, Thailand, Tunisia, Turkey, Uganda, UAE, Uzbekistan, Vietnam, Zimbabwe, Algeria, Andorra, Argentina, Armenia, Bahrain, Barbados, Belarus, Belgium, Bhutan, Bolivia, Botswana, Brazil, Brunei, Chile, China, Costa Rica, Cuba, North Korea, Djibouti, Dominican Republic, Ecuador, Egypt, El Salvador, France, Ghana, Honduras, India, Indonesia, Iran, Iraq, Ireland, Jamaica, Japan, Jordan

NO

Netherlands, UK, US, Australia, Austria, Canada, Czechia, Fiji, Germany, Guatemala, Hungary, Israel, Italy

ABSTENTION

Kazakhstan, Kenya, Latvia, Lithuania, Madagascar, Malta, Montenegro, North Macedonia, Norway, Panama, Poland, Portugal, Moldova, Romania, Rwanda, San Marino, Slovakia, Sweden, Ukraine, Uruguay, Vanuatu, Zambia, Bulgaria, Colombia, Congo, Croatia, Cyprus, DRC, Denmark, Estonia, Eswatini, Finland, Greece, Iceland, Trinidad

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