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Health beyond health:

Insights from WHA79

Executive summary

World Health Organization (WHO) Member States entered the Seventy-ninth World Health Assembly (WHA79) facing an increasingly complex and fragile global health landscape.

Alongside warnings that none of the health-related SDG targets for 2030 are on track, weakening political commitments and both old and new geopolitical tensions continued to shape multilateral dynamics.

These pressures were accompanied by acute health emergencies, including the violent Ebola outbreak in the Democratic Republic of Congo and the spread of hantavirus in Europe, further underscoring the persistent vulnerability of global health systems.

This white paper examines how these dynamics unfolded during WHA 79, with a focus on the evolution of the global health governance reform, the North-South divide, and the role of the European Union in shaping future health systems. It also examines the main decisions and resolutions relevant for EU health stakeholders, including those related to non-communicable diseases (NCDs), mental health, antimicrobial Resistance, and digital health.

Struggles over the reform of the health governance infrastructure

At the beginning of the year the United States officially announced its withdrawal from the WHO, leaving the UN agency without one of its largest donors.

However, Member States opted to suspend US voting rights for one year rather than formally recognise the withdrawal, as a way to keep the door open for recovering at least part of the United States' outstanding contributions, estimated at around $280 million. Argentina faced a similar situation, with its legal status left unresolved following a compromise decision.

The shrinking financial resources are only a small part of the challenges facing the WHO. Growing assertions of national sovereignty, evolving disease burdens, rapid technological change, and persistent disagreements on how to address structural issues all point to risks to the WHO's sustainability and operational capacity

In an attempt to address these challenges, the Global Health Architecture Reform initiative was adopted. Nevertheless, it has been widely viewed as limited in ambition by many Member States, which fear that it does not adequately address key areas such as structural reforms, consolidation of agencies, duplication of mandates, and unnecessary competition for funding. As a result, expectations are now placed on the WHO Director-General to present more concrete reform proposals at the next Assembly.

Looming threat of new pandemics fails to drive consensus on the path forward

In the meantime, global health leaders have continued to raise the alarm over declining emergency funding, warning of growing paralysis in pandemic preparedness and crisis response mechanisms, which in 2025 supported 50 emergencies across the globe.

Without adequate financing, delayed responses and unmet public health needs will become inevitable.

In this context, the efforts to close the Pandemic Treaty have stalled over the design of a system for pathogen access and benefit-sharing (PABS). This deadlock exposes the deep divisions between developed and developing countries and mirrors earlier tensions seen in negotiations on the antimicrobial resistance (AMR) plan, where disagreements over technology transfers nearly blocked adoption. Proposals to ensure that patents, manufacturing know-how, and data for AMR innovations would be shared on "voluntary and mutually agreed" terms were challenged by several countries which argue that such mechanisms alone are insufficient to address systemic inequalities.

In this context, a broader structural divide is becoming increasingly visible:

- Low- and middle-income countries (LMICs) advocate for binding commitments and a solidarity to ensure equitable access to vaccines and treatments.
- High-income actors favour market-based, flexible mechanisms to mobilise capital as fast as possible.

So, where the money should come from?

National budgets are shifting toward security and defense (i.e., the EU's defence expenditure grew to €381 billion in 2025, a 19% increase on the previous year), creating a stark contrast with the already underfunded state of infectious disease preparedness and national health systems. The outlook for many of the resolutions adopted is bleak, unless governments and, critically, finance ministries rather than health ones, mobilise resources and the political will to implement them.

The limits of the EU's Global Health Approach

The European Union sits prominently within this debate, promoting a model that blends public coordination with strong private-sector involvement.

This vision is driven by the understanding that global health cooperation is becoming more transactional and geopolitical, forcing actors to prioritise mechanisms such as public–private partnerships, joint procurement schemes, and industrial capacity building. This approach is reflected on the EU's Communication on reinforcing global health resilience amid geopolitical change, which defends prioritizing a competitive and innovative health industry to ensure rapid and reliable responses in times of crisis.

Unfortunately, the EU's approach has faced strong criticism from the Global South, where many countries argue that only enforceable frameworks, such as those proposed under the PABS system, can guarantee equity. This tension was evident in the limited influence of EU countries in the resolutions adopted, where their weight appeared diminished compared to other regions.

Meanwhile, China emerges as the voice of the Global South's positions, expanding its influence within the WHO through direct bilateral engagement, particularly in Africa and Southeast Asia. Its approach seeks to promote an alternative model centred on solidarity and equity.

In the absence of the US, these competing visions point to a broader trend toward a fragmented, multipolar health governance.

EU vs China: Contrasting leadership styles

EU

Driven by geopolitics with a relatively protectionist dimension. The priority is to invest in diversified, well-integrated global supply chains and to strengthen manufacturing capacities for essential health products within the EU and partner countries.

China

Framed by equity and solidarity. The emphasis is on embedding more mandatory collaborative mechanisms that are less dependent on geopolitical alignment and on positioning itself as a consistent provider of health financing, infrastructure, and technical support.

Leadership changes on the horizon

The outcome of this debate will define the future balance between market-driven responses and solidarity-based governance, while also determining which powers may fill the leadership vacuum left by the US.

The first test of the power-grabbing exercise is already playing out, with the election of the next WHO Director General. At the WHA79, the WHO Executive Board adopted the process for the elections.

While a number of candidates have already begun positioning themselves, including several prominent European figures, the balance is likely to tilt toward other regions. One of the main reasons is that some the world's poorest countries, particularly in Africa, will hold greater influence in the current composition of the Executive Board, where China also holds a seat, having recently replaced Australia in one of the Western Pacific region's positions.

WHO's DG election process

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1. **NOMINATIONS**
   until 24 September 2026
2. **OFFICIAL ANNOUNCEMENT OF CANDIDATES**
   29 October 2026
3. **FIRST CANDIDATES' FORUM**
   18-20 November 2026
4. **THE EXECUTIVE BOARD NOMINATES CANDIDATES FOR CONSIDERATION**
   January 2027
5. **SECOND CANDIDATES' FORUM**
   15 March 2027
6. **VOTE AT WHA 80**
   18-26 May 2027

Main health policy outcomes

Beyond the political debates, the WHA 79 saw 13 resolutions and 20 decisions adopted.

The outcomes and the compromises behind them, highlight the progress made and the persistent gaps that continue to constrain global health action.

NCD ENLARGEMENT AND METABOLLIC HEALTH ON THE RISE

The expansion of the NCD agenda reflects two major trends: insufficient progress in tackling NCDs, which makes achieving the SDG's 2030 targets increasingly unrealistic under current strategies; and a growing recognition that these goals require a more holistic approach. This includes greater emphasis on prevention and on the interconnections between NCDs, moving beyond the traditional vertical approach to tackle the core group, toward a broader integration of metabolic health.

Not surprisingly, metabolic health and commercial determinants emerged as unifying concepts, linking multiple chronic conditions through shared risk factors. Discussions on commercial determinants of health, metabolic health, and taxation dominated the NCD agenda.

From this perspective, Liver Disease emerged as one of the key areas benefiting from the expanded focus, reflecting consensus among global health leaders on the strategies to accelerate progress on NCDs before the end of the decade, focusing on the following:

- **Integrating metabolic health into global and national NCD strategies.**
- **Breaking down siloed approaches to prevention and care.**
- **Focus on the role of commercial determinants, equity, and regional context.**

Finally, Member States endorsed a resolution to integrate bleeding disorder management into their national policies on NCDs to address gaps in diagnosis, treatment and care.

MENTAL HEALTH: VISIBILITY WITHOUT REAL DELIVERY

May's assembly featured Mental health prominently (suicide prevention, conflicts, health workers, digital harms). However, discussions fell short when advancing on concrete policy solutions. In particular, the impact of digital environment, particularly social media, was widely debated, with concerns about cyberbullying, addiction, and widespread harmful content.

Calls for more research and effective guidance that can help countries to ensure that digital environments support rather than undermine health and well-being were at the forefront, especially in light of the spreading worldwide debates on minimum age rules, age assurance, and age-appropriate design for digital environments.

A year after the resolution, WHO is tasked to monitor progress and to build evidence on social media bans and promoting online safety through technology design, digital health literacy and strengthened oversight of digital platforms.

AMR & infectious diseases: changing course for impact

Countries approved an updated 10-year global strategy on antimicrobial resistance (AMR), recognising the need for a significant shift in tackling the issue.

This comes as the situation in many LMICs is becoming increasingly unsustainable, with resistance to commonly used antibiotics reaching unprecedented levels. The strategy proposes a rebalancing of priorities, from a primary focus on drug development toward a stronger emphasis on infection prevention and control, water and sanitation, vaccination, biosecurity and pollution prevention.

At the same time, Member States reiterated their commitment with an Immunization Agenda 2030 that is falling short to achieve its targets. These renewed commitments come at a time when misinformation, vaccine hesitancy, and declining public trust are undermining progress. Governments highlighted the urgent need to rebuild confidence in immunization, especially as false narratives continue to spread online.

Finally, countries endorsed the development of a post-2030 strategy to end Tuberculosis. Contrary to other diseases, TB progresses positively but remains a leading health danger worldwide. The proposal is to be submitted to the 81st World Health Assembly in 2028.

Health systems under strain

The financial foundations that have sustained decades of progress in health systems are increasingly under strain.

Structural uncertainty, gaps in primary care capacity and growing workforce shortages added to misaligned incentives, continue to place pressure on already stretched systems. In response, Member States approved several strategies aiming at rethinking priorities and financing models.

The first of these initiatives was the **Global Strategy for Integrated Emergency, Critical, and Operative Care (ECO) 2026–2035**, a framework designed to strengthen governance and workforce management within universal health coverage in high-risk settings, particularly in resource-constrained and conflict contexts.

Workforce matters were further addressed through the revision of the **WHO Global Code of Practice** on the International Recruitment of Health Personnel. The updated framework acknowledges serious imbalances, with high-income countries benefit from recruiting trained health workers from lower-income nations without corresponding investment in source health systems. With this update, Member States intend to close loopholes, including during emergencies and crises. However, the code does not address the projected shortfall of health workers worldwide. In the WHO Europe region only, this could amount to four million health workers by 2030.

Beyond workforce and emergency care, Member States also adopted the **WHO Strategy on the Economics of Health for All (2026–2030)**, which reframes health spending as an investment in economic resilience rather than a fiscal burden. This "well-being economy" approach, encourages governments to use fiscal, industrial, and regulatory policy to address health outcomes and tackle harmful commercial practices. However, as with many other WHA outcomes, implementation will ultimately depend on national governments mobilising resources.

Finally, discussions on refugee and migrant health pointed to more inclusive models of care, with countries such as Colombia, Egypt, Nepal, and Spain demonstrating how integrating displaced and marginalized populations into national systems can strengthen overall health system resilience.

Digital as a system's issue

A central message emerging was that digital health is a systems challenge, with success depending on the readiness of health systems to integrate innovation.

Consequently, harmonised governance, regulation, and global standards will be at the core of the new global digital health strategy for 2028–2033.

Across debates, Member States stressed that digital tools, including AI, must be embedded within strong health systems. However, without high-quality data, interoperability, and robust governance, these technologies risk amplifying bias, inefficiencies, and safety concerns. While countries are moving forward with national initiatives, from AI strategies and ethics frameworks to new legislation and regulatory sandboxes, global governance remains fragmented.

The musts for a global AI health framework: core system enablers

- **Stronger focus on interoperability and governance**
- **Rigorous bias assessment before deployment**
- **AI that supports, not replaces, knowledge and health professionals**
- **Put patient confidentiality at the core**
- **Safe, ethical and equitable approach to technology that remains human centered**
- **Push for more AI literacy and digital literacy, both at practitioner and patient level**
- **Clear accountability and liability frameworks**
- **Increase investment in digital health infrastructure**

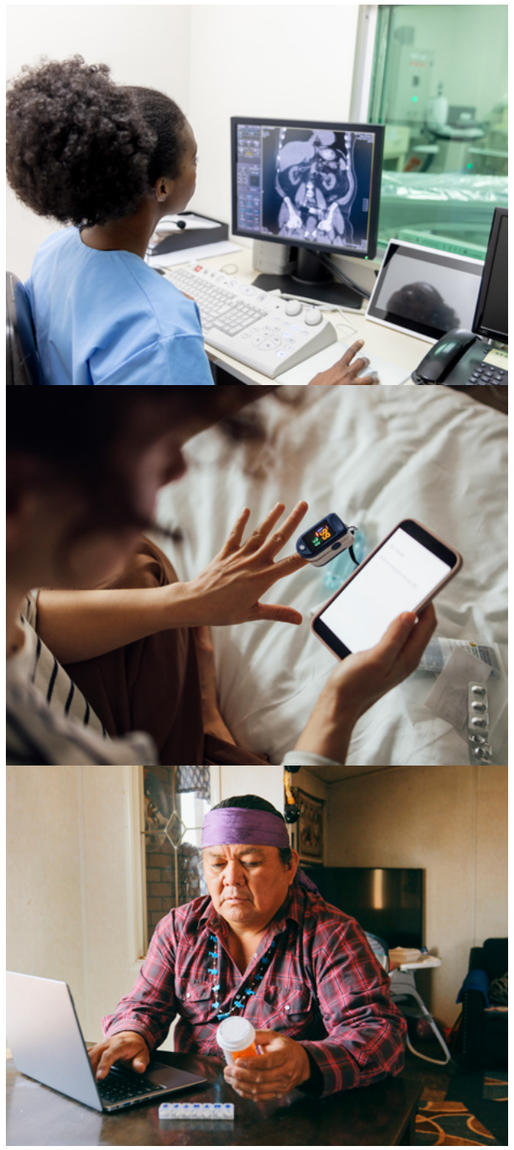
Overall, WHA79 reflected a predominantly cautious but pragmatic stance on digital health and AI. WHO continues to position digital transformation as a critical opportunity that health systems cannot afford to ignore, while stressing that innovation must remain human-centred, rights-based, and equitable. At the same time, Member States highlighted growing risks associated with the digital environment, including misinformation, declining trust in public health, and the broader impact of online spaces on mental health.

A year after previous commitments, WHO has been tasked with monitoring progress on digital health governance, including evidence on the effects of social media, digital safety measures, and approaches to managing online harms, particularly among children, young people, and vulnerable populations. The message is clear: what happens in digital spaces is now inseparable from real-world health outcomes, and addressing this intersection will be critical to future global health resilience.

AI, ethics and global governance

In a timely manner, Pope Leo XIV released his first encyclycal entitled "Magnifica humanitas" calling for ethical safeguards in AI development, and warning about the risks of concentration of power and the need for accountability and governance, as AI Technology is not neutral but a reflection of those that devise it and use it.

In a parallel with the complaints about an increasing focus on defense spending, Pope Leo XIV asked AI to be disarmed freeing it from the mentality of military, economic, and cognitive competition.



Tehcnology at the rescue

Several resolutions adopted at WHA79 illustrate how intertwined technology is in the health space.

First, a resolution on teleradiology was passed with the aim to address global shortages of diagnostic expertise by enabling remote interpretation of medical imaging. This model allows expertise to reach underserved or crisis-affected areas where specialist capacity is lacking.

Similarly, we saw the first WHO resolution on precision medicine, that highlights both the potential and the risks of advanced data-driven approaches. The text underscores the need to ensure that precision medicine and AI-driven diagnostics remain accessible, affordable, and equitable, avoiding a scenario where innovation deepens existing health disparities.

Finally, the global pharmacovigilance framework was updated to incorporate data and AI considerations into existing drug safety systems. The objective is to enable the integration of technological advancements to support faster and more effective responses. However, the framework does not sufficiently address persistent inequities between countries.

Climate change slowly re-gaining space

The World Health Assembly offered an important moment for the climate and health community to reassert the far-reaching consequences of climate change, particularly those linked to fossil fuel use, on public health.

While climate change did not appear as a dedicated agenda item at WHA79, it featured indirectly across a range of discussions, including those focused on mental health, noncommunicable diseases and antimicrobial resistance. It also appeared consistently across different events, underscoring a growing consensus that environmental drivers are shaping health outcomes worldwide.

Conclusions

Strategic implications

GLOBAL HEALTH GOVERNANCE REFORM REMAINS INCOMPLETE AND INCREASINGLY CONTESTED

Major powers are advancing divergent models to shape global health architecture. However, neither the EU nor China currently appears able to fully fill the leadership gap left by the United States, pointing toward a more fragmented and multipolar system.

HEALTH IS NO LONGER CONFINED TO THE HEALTH SECTOR

It is becoming intrinsically cross-sectoral, intersecting with climate, digital transformation, economic policy, and security agendas.

A SHIFT FROM NORM-SETTING TO IMPACT DELIVERY

There is growing frustration, especially among LMICs, with frameworks that lack resources for implementation. New commitments without credible financing and political ownership will become rare. In the meantime, governments are under pressure to demonstrate tangible and measurable health outcomes and turning their attention towards system reform.

FUNDING CONSOLIDATION IS BECOMING THE NORM

The growing emphasis on prevention and health system integration is displacing traditional vertical, disease-specific funding models. This is reshaping the role of many civil society organisations and calling into question the viability of some. Organisations that successfully adapt to a “do more with less” environment and align with system-wide priorities will be better positioned to maintain relevance and attract support from Member States and global health institutions.

NCDS ARE BEING REFRAMED AS A SYSTEMIC CHALLENGE

The integration of metabolic health, comorbidities, and shared risk factors is driving a more holistic and interconnected policy approach.

AI AND DIGITAL HEALTH REQUIRE URGENT AND COORDINATED GOVERNANCE

Major breakthroughs will be dependent on prior harmonisation, interoperability, and regulatory alignment to ensure safe, ethical, and effective deployment. Furthermore, equity, data sovereignty, and trust are becoming structural conditions for the progress of digital health solutions.

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Recommendations for organisations advocating in the health space

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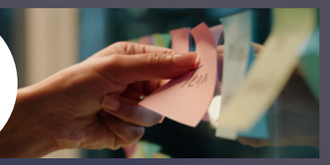


Consolidate and prioritise impact: Optimise resources and focus on a limited number of high-impact objectives, as a prerequisite for organisational sustainability.

Lay the groundwork for AI and digital integration: Proactively contribute to shaping governance frameworks and ensure readiness to leverage digital tools within core areas of work.

3

Partner beyond traditional actors: Engage across sectors (technology, climate, finance, development), in emerging policy hubs and non-health forums (e.g., G20, WEF, regional blocs), to unlock new capabilities and influence.

2

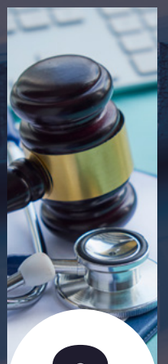
4

Embed equity and trust into advocacy agendas: Address data bias, inclusion, access, and community engagement as core pillars while building evidence of real-world impact, to demonstrate measurable outcomes and influence funding decisions.

5

Shift from framework creation to implementation support: Focus efforts on operationalising existing commitments and closing implementation gaps.

Invest in policy foresight and strategic intelligence: Anticipate geopolitical, technological, and funding shifts to position proactively rather than reactively and to position health within broader system narratives, linking prevention, integration, climate, digital, and economic policy.



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This is Leadership Navigation.

We hope you have found this report useful.

If you would like further detail about the findings, or more information about navigating the fragmentation in global health governance, please contact:

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About Leidar

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