

The 79th World Health Assembly

KEY FINDINGS

The **79th World Health Assembly (WHA)** took place in Geneva, Switzerland, from **18 to 23 May 2026**. The WHA is the highest decision-making body of the World Health Organization (WHO), gathering annually, and composed of delegations from all 194 Member States. The WHA discusses and votes on the decisions and resolutions prepared by either the WHO's Executive Board, its Director-General, or proposed by groups of Member States. The Executive Board is composed of 34 individuals elected for three years, and its annual meeting usually takes place in January.

The 79th World Health Assembly addressed topics that include:

- Preparedness and response to emergencies;
- Mental health;
- Digital health and artificial intelligence;
- Global health reform;
- Rare diseases;
- Antimicrobial resistance;
- The Annex to the WHO Pandemic Agreement on the Pathogen Access and Benefit Sharing system.

One of the most important recent achievements of the WHO is the adoption of the **WHO Pandemic Agreement** by the World Health Assembly on 20 May 2025. The Agreement outlines a comprehensive framework to help countries prevent, prepare for, and respond to future pandemics, built on principles of equity, solidarity, and respect for national sovereignty. An open-ended Intergovernmental Working Group is currently drafting and negotiating the **Pathogen Access and Benefit Sharing Annex** to the Pandemic Agreement. The Annex is meant to ensure that researchers and pharmaceutical companies have open access to pathogens, to rapidly develop vaccines and treatments when new pandemics occur. Once the Annex is finalised, countries can proceed with signature and ratification of the Pandemic Agreement. The instrument will be legally binding.

The **79th World Health Assembly** meeting consisted of a plenary and two committees (A and B), as well as technical meetings. The documents discussed during the WHA are uploaded on the WHA's dedicated [webpage](#), and the daily updates are available [here](#).



A brief history of the WHA and EU and Member State's participation

WHO started its activities on 7 April 1948, 78 years ago. Building on the evaluation of WHO's Thirteenth General Programme of Work (GPW13) (2019–2025), the 2023 global monitoring report on Universal Health Coverage (UHC), and lessons learned from the COVID-19 pandemic, GPW 14 sets a bold agenda to get the world back on track to achieve the health-related Sustainable Development Goals (SDGs) while advancing health equity and building health systems resilience in the world. This global health strategy advocates for a new level of international cooperation across health sectors, sustained political commitment and strong national leadership, and prioritises joint action and partnership for impact. At the 79th WHA, key topics will include universal health coverage, mental health, rare diseases, tuberculosis, digital health and artificial intelligence, global health reform or antimicrobial resistance.

History and functioning of the WHA

When diplomats from all over the world met to create the United Nations (UN) in 1945, one of their key topics of discussion was the establishment of a **global health organisation**: the **World Health Organization**, whose purpose is to attain the **highest possible level of health** for all peoples.

The [WHO Constitution](#) establishes the **World Health Assembly** as its decision-making body¹, which meets **at least yearly** to adopt conventions, agreements, regulations and recommendations on any matter within the competence of WHO or relating to its operations². In addition, special sessions can be organised, as in 2006 and 2021, regarding the instrument on pandemic preparedness and response. The WHA also has the power to alter or repeal existing conventions and agreements. It reviews and approves the programme budget and assesses the financial statements submitted by the Director-General (DG). The current DG is Tedros Adhanom Ghebreyesus, appointed on 1 July 2017 and re-appointed on 24 May 2022³.

The WHA meets annually in **Geneva**, Switzerland, to set **global health priorities**. The agenda is set by the Executive Board (EB), composed of 34 qualified experts in the field of health⁴. Once decisions are taken, the EB acts as the executive organ, while the WHO Secretariat and the six regional offices coordinate the tasks. The WHA is composed of representatives of **all WHO Member States** (MS)⁵. As of today, the WHO states that it includes **194 MS** (all UN members except for Liechtenstein, the Cook Islands and Niue⁶).

All EU MS are WHO MS, and the **EU** can participate in the WHA as an **observer**. The European Commission (EC) participates in different committees and technical meetings⁷. Further observers include bodies of the UN, the World Bank and [non-state actors](#), which have been granted the privilege of being in official relations with WHO.

The United States of America has signalled its intention of [withdrawing from the WHO](#) by an [Executive Order](#) signed on 20 January 2025. On 22 January 2026, the United States announced that it has completed its withdrawal from the WHO. According to the WHO, the United States' withdrawal notification is pending consideration by WHO's governing bodies.

WHO/WHA and the EU

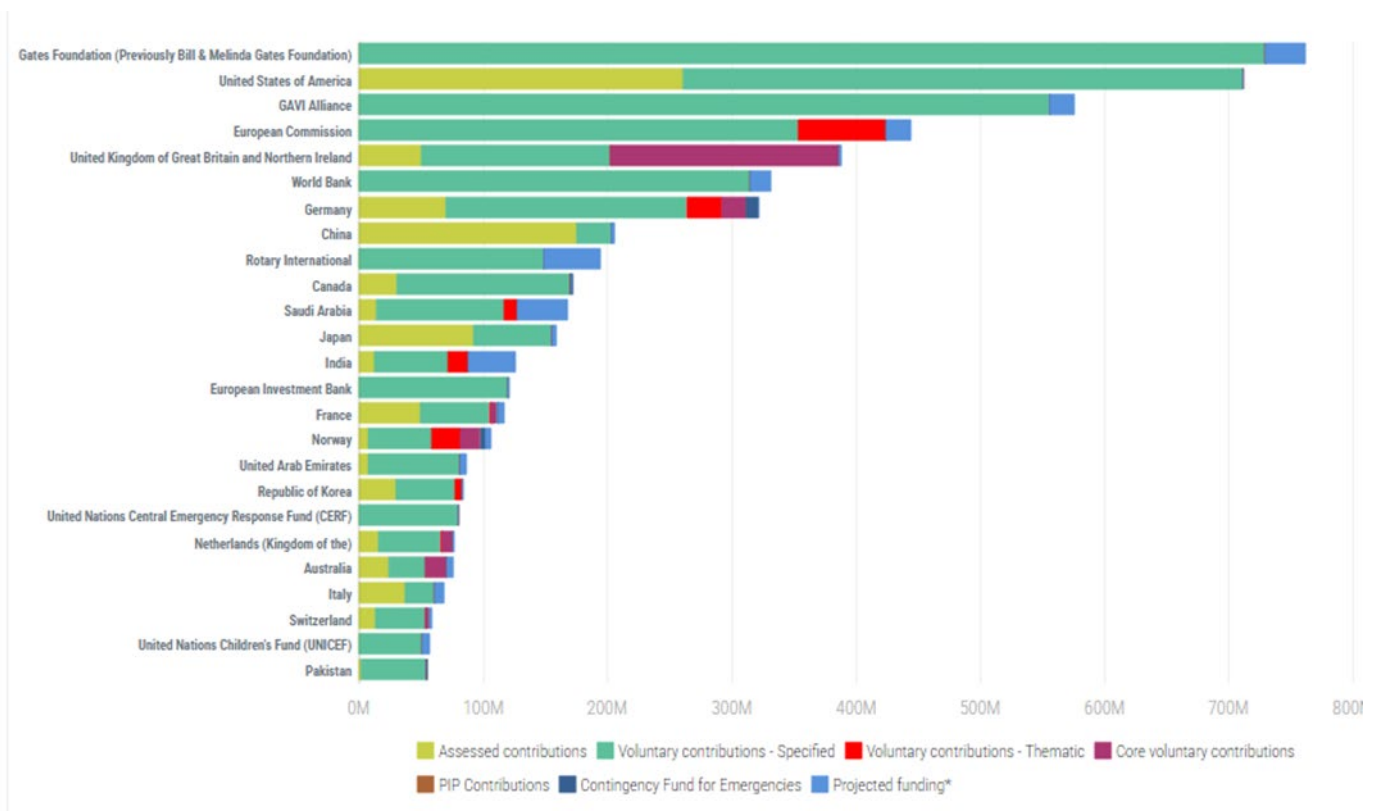
The **European Commission coordinates** the EU's approach on global health issues and aligns it with the EU's health policy objectives. As an important partner of WHO's regional office for Europe (WHO EURO), the EU represents 27 of the 53 countries in the WHO European Region. Cooperation between the EU and WHO in health-related areas benefits EU MS and associated countries⁸.

The WHO and the European Commission have established a [strategic partnership](#) both at technical and political levels, extending beyond the health sector. In November 2022, a WHO – EU partnership programme was signed.

At the 70th Session of the WHO Regional Committee for Europe in September 2020, the EC and WHO EURO issued a [joint statement](#) on the **reinforcement and tailoring of their partnerships** to emerging issues and new health priorities. The statement highlights five shared **priority areas**: (i) health security against health emergencies and other threats; (ii) effective, accessible, resilient and innovative health systems; (iii) a comprehensive response to Non-communicable Diseases (NCDs) with a focus on cancer; (iv) sustainable food systems and health; and (v) health cooperation with non-EU countries in the WHO European Region⁹.

This technical and political collaboration also resulted in increased **financial cooperation**, with the EU becoming a major **voluntary** financial contributor. The EC contributed with USD 444 million to WHO activities in 2023–2024, which made it the 4th largest donor¹⁰. Together, the EU and its MS contributed with USD 1.72 billion (over 1/5 of WHO’s budget) on the same period (see figure 1).

Figure 1. Contributors to the Programme budget 2024–2025.



Source: WHO, [Contributors 2024–2025](#).

In 2022, the EC invested EUR 125 million in the Universal health coverage (UHC) Partnership for 2023–2027¹¹. WHO and EU also reinforced the strategic cooperation on the global health security and architecture, on the implementation of the [EU’s Global Health Strategy](#) (2022– 2026) and of the Cross-Border Health Threats Regulation ([\(EU\) 2022/2371](#))¹². The EU’s Global Health Strategy, as part of the European Health Union, aims to contribute to the 2030 Sustainable Development Goals (SDGs) by supporting a strong, well-funded WHO with a broad mandate, including health data governance and health workforce issues. In addition, the Strategy’s targets and priorities align with WHO’s ‘triple billion’ targets. In September 2025, the EU announced an additional financial support worth EUR 40 million.

What are the SDGs? *The SDGs are a collection of 17 global goals adopted by all United Nations Member States. They are designed to be a 'blueprint to achieve a better and more sustainable future for all.' SDG 3.3 is a health goal focused on ending the epidemics of HIV, tuberculosis, viral hepatitis and sexually transmitted infections.*

Universal health coverage (UHC) *means that all people have access to the full range of quality health services they need, when and where they need them, without financial hardship. It covers the full continuum of essential health services, from health promotion to prevention, treatment, rehabilitation, and palliative care across the life course.*¹³

Furthermore, in December 2022, the EC's **Health Emergency Preparedness and Response Authority** (HERA) and WHO's Hub for Pandemic and Epidemic Intelligence launched a 5-year [administrative arrangement](#) to increase multi-level preparedness for and response to health emergencies, with a [EUR 15 million allocation](#) under the EU4Health funding programme. It involves sharing data and analytics, joint action to develop new countermeasures against antimicrobial resistance, funding national capacities for SARS-CoV-2 and emerging pathogens' detection and genomic surveillance in Africa, and support to the COVID-19 Technology Access Pool¹⁴.

Global health architecture

The European Commission has adopted [the Communication on reinforcing global health resilience amidst geopolitical change](#)¹⁵ on 13 May 2026. The Communication puts forward initiatives which are planned to start during 2026 and 2027 with the aim of reinforcing global health resilience. These include providing support for a global health and resilience tracker, which should be developed jointly with the Organisation for Economic Co-operation and Development, the WHO and the World Bank. The tracker should contribute to increasing the effectiveness of global health security financing by mapping the domestic spending of partners and the international support they receive. The Commission also plans to support diversified and well-integrated global supply chains given the geopolitical uncertainties. In that regard, the Commission states that will enhance its efforts to strengthen manufacturing capacities for key health products and support security of supply in areas of mutual interest for the EU and its partner countries.

79th World Health Assembly's tabled resolutions, decisions and reports

During the 157th (28–29 May 2025) and the 158th (2–7 February 2026) sessions of the WHO Executive Board, key preparatory discussions addressed a wide range of issues that need an international response: non-communicable diseases, mental health, tuberculosis, rare diseases, antimicrobial resistance, Universal health coverage, or polio.

The work of the 79th WHA will be based on the Fourteenth General Programme of Work 2025–2028, which has the following six strategic objectives: respond to climate change, an escalating health threat in the 21st century; address health determinants and the root causes of ill health in key policies across sectors; advance the primary health care approach and essential health system capacities for universal health coverage; improve health service coverage and financial protection to address inequity and gender inequalities; prevent, mitigate and prepare for health risks from all hazards; rapidly detect and sustain an effective response to all health emergencies.

Overview of key agenda items – based on [Provisional agenda of the WHA 79](#) and the reports considered by the [Executive Board at its 158th session](#)

The documents discussed and/or proposed for adoption included the following items:

Agenda item	Description	Comments
12.1 Follow-up to the political declaration of the high-level meeting of the General Assembly on the prevention and control of non-communicable diseases (NCDs)	<p>The report notes:</p> <ul style="list-style-type: none"> - while progress to reduce NCD mortality has continued, the pace has slowed markedly in the recent decade. - persistent global inequality is evident, with a 50% gap between the lowest and highest national NCDs mortality rates in 2019. - urgent need to scale up cost-effective best buy interventions and strengthen primary healthcare delivery. 	<p>The WHA 79 approved:</p> <ul style="list-style-type: none"> - a resolution recommitting action on haemophilia and other bleeding disorders, addressing major gaps in diagnosis, treatment and care globally. It is estimated that nearly 70% of people living with haemophilia remain undiagnosed. - a resolution recognizing steatotic liver disease (SLD) as an important and growing contributor to the global burden of NCDs. SLD, formerly referred to as fatty liver disease, affects an estimated 1.7 billion people worldwide, and is one of the fastest-growing causes of chronic liver disease globally.
12.2 Mental health	<p>The report notes:</p> <ul style="list-style-type: none"> - an estimated 1.1 billion people were living with a mental disorder in 2021. - Levels of reported mental health problems among young people and of exposure to adverse determinants of mental health have all risen since the COVID-19 pandemic. - Globally, financial and human resources made available for mental health services have not increased since 2020, with budgets remaining at a median of 2% of government health spending and one government mental health worker for every 10 000 people. Variations between lower- and higher-income countries with respect to these mental health resources are stark. 	<p>Member States are currently implementing the updated Comprehensive Mental Health Action Plan 2013-2030.</p> <p>Through the EU4Health programme, the EU is financing a WHO €11 million project consisting of a number of projects such as assessments of country needs regarding mental health policies, tailored capacity-building according to each country's needs, or the development of a data monitoring framework for the real-time monitoring of population mental health data. The project is ongoing.</p>
12.4 Universal health coverage	<p>The Global strategy for integrated emergency, critical and operative care, 2026–2035. The draft strategy, inter alia:</p> <ul style="list-style-type: none"> - Sets objectives such as: strengthen Emergency, critical and operative care (ECO) governance, financing and coordination at the national level as part of universal health coverage and health security agendas and to ensure an optimal health workforce to deliver ECO services to meet population needs. 	<p>The WHA 79 adopted the Global strategy for integrated emergency, critical and operative care.</p> <p>The WHA 79 deferred consideration of the proposed global strategy on donation and transplantation.</p> <p>The WHA 79 adopted four resolutions on:</p> <ul style="list-style-type: none"> - precision medicine: a path towards targeted, personalised and equitable care;

Agenda item	Description	Comments
	<p>Increasing availability, ethical access and oversight of transplantation of human cells, tissues and organs. The WHO is currently developing a global strategy on donation and transplantation. The WHO related report provides that:</p> <ul style="list-style-type: none"> - the vision for the proposed global strategy on donation and transplantation is that by 2035, every Member State will be able to address its patients' needs in terms of life-saving or life-enhancing transplantation. <p>Rare diseases: a global health priority for equity and inclusion. The related report notes:</p> <ul style="list-style-type: none"> - the urgency of developing and implementing a global action plan on rare diseases; improving early diagnosis, newborn screening and access to treatment. <p>The WHO is currently developing a comprehensive 10-year draft global action plan on the subject for consideration by the WHA 81 in 2028.</p>	<ul style="list-style-type: none"> - strengthening equitable access to diagnostic imaging through teleradiology; - reducing the burden of stroke: strengthening prevention, acute care, rehabilitation and health-system readiness, and - advancing smart, efficient pharmacovigilance as an essential tool for robust, sustainable, resilient and responsive health systems, for everyone, everywhere.
12.3 Communicable diseases	<p>Immunization Agenda 2030 The European Immunization Agenda 2030 (EIA2030) is designed by the Member States of the WHO European Region, for achieving the full benefits of vaccination in the Region. The IA2030 Mid-Term Review provides that despite efforts, most IA2030 targets remain off-track. Many middle-income countries are struggling to maintain vaccination coverage, facing challenges to introduce additional vaccines to their portfolios in the face of restricted domestic financing and reduced external support.</p> <p>Road map for neglected tropical diseases 2021–2030 The road map sets global targets and milestones to prevent, control, eliminate or eradicate 20 diseases and disease groups as well as cross-cutting targets aligned with the Sustainable Development Goals.</p> <p>End tuberculosis Strategy The Strategy serves as a blueprint for countries to reduce TB incidence by 80%, TB deaths by 90%, and to eliminate catastrophic costs for tuberculosis-affected households by 2030.</p>	<p>The WHA 79 expressed support for the IA2030 Mid-Term Review.</p> <p>The WHA 79 adopted a decision requesting to the WHO the development of a post-2030 tuberculosis strategy, to be submitted to the 81st WHA, in 2028.</p>
12.9 Draft updated global action plan on antimicrobial resistance	<p>The draft global action plan on antimicrobial resistance 2026–2036 sets a number of objectives, including to:</p> <ul style="list-style-type: none"> - Strengthen awareness and promote appropriate social and behavioural change to reduce antimicrobial resistance risks across all sectors. - Strengthen surveillance systems and laboratory networks to inform effective, evidence-driven antimicrobial resistance policies and actions across all sectors. 	<p>The WHA 79 adopted the Global Action Plan on Antimicrobial Resistance for 2026–2036.</p>

Agenda item	Description	Comments
	<ul style="list-style-type: none"> - Intensify infection prevention across all sectors to reduce the burden of infectious diseases and the need for antimicrobials. - Ensure equitable access, appropriate use and safe disposal of antimicrobials, diagnostics and other health products across sectors. 	
12.10 Harmonization of regulatory approaches, governance and standards for data, digital health and artificial intelligence in the health sector	<p>The 78th WHA requested the WHO DG to develop a draft global strategy on digital health for the period 2028–2033, to be submitted for consideration by the 80th WHA.</p> <p>The latest report from the WHO DG on this matter recalls that Member States have emphasised the need for harmonised global standards and capacity-building in the regulatory oversight and ethical governance of artificial intelligence. In collaboration with ITU (The United Nations agency for digital technologies) and the WIPO (World Intellectual Property Organization), the WHO is developing frameworks for artificial intelligence performance and quality benchmarking, transparency and validation to ensure safety, accountability and quality.</p> <p>The WHO is providing guidance to enhance the equitable access to genomics and other relevant innovations and technologies that underpin precision medicine.</p>	A draft global strategy on digital health for the period 2028–2033, should be submitted for consideration by the 80th WHA.
13.3 Open-ended Intergovernmental Working Group on the WHO Pandemic Agreement	<p>The Intergovernmental Working Group (IGWG) is a subdivision of the World Health Assembly, and was established by WHO Member States to develop key components of the WHO Pandemic Agreement, a landmark legal instrument adopted in May 2025 to strengthen global pandemic prevention, preparedness, and response.</p> <p>The Health Assembly established an open-ended Intergovernmental Working Group (IGWG) to undertake several tasks, including, as a priority, drafting and negotiating an annex to the WHO Pandemic Agreement on the Pathogen Access and Benefit Sharing (PABS) system.</p>	<p>The outcome of the PABS annex negotiations was submitted to the 79 WHA for consideration.</p> <p>Given the need for further negotiations, the IGWG will continue its work (as mandated in Resolution WHA78.1) and submit the outcome to the next WHA, in May 2027, or earlier by a special session of WHA in 2026.</p>
15.5 Draft strategy on the economics of health for all (2026–2030)	<p>The Draft strategy on the economics of health for all (2026–2030) proposes five strategic directions to achieve its goal: economic policy for health for all; valuing and investing in health for all; financing health for all; capacity for implementing an economics of health for all approach; and evidence informing the implementation of an economics of health for all approach, together with actions for Member States, partners and stakeholders, and the Secretariat.</p>	The WHA 79 adopted the draft strategy on the economics of health for all.
20.1 Reform of the global health architecture and the UN80 Initiative	The Executive Board requested the Director-General to design a proposal on a joint, inclusive, transparent, time-bound, resource effective and efficient process, hosted by WHO, which is led by Member States, to facilitate convergence and consensus building in order	The 79 th WHA decided to establish a joint process led by Member States, hosted by WHO and with global health partners to

Agenda item	Description	Comments
	to support the transformation of the current global health architecture, enhance coordination and leverage the comparative advantages of diverse actors.	<p>support reforms of the global health architecture.</p> <p>The 79th WHA requested the WHO Director-General to submit a final report with options and recommendations for the transformation of the global health architecture to the 2027 WHA.</p> <p>The Global Health Strategy for 2025–2028 was adopted by the World Health Assembly at its 77th meeting in May 2024. It sets policy priorities and guiding principles to shape global health, and it identifies concrete lines of action. It also offers a framework for EU health policies. The Strategy outlines also what the Commission will do and what it invites the 27 EU Member States to do, within their respective competences and institutional roles.</p> <p>The European Commission announced new global health commitments at One Health Summit.</p> <p>The European Union's commitment to global health is set out in the EU Global Health Strategy adopted in 2022 and in the Global Gateway strategy, which identifies health as a key investment priority.</p> <p>The European Commission has adopted its Communication on Reinforcing global health resilience amidst geopolitical change on 13 May 2026..</p>

WHO Convention on crisis preparedness and response (“Pandemic Accord”)

In December 2021, WHO’s MS decided to establish an Intergovernmental Negotiating Body (INB) to draft and negotiate a convention, agreement or other international instrument under the Constitution of WHO in a government-led process (WHO CA+, hereinafter ‘**Pandemic Accord**’). The main objective is to strengthen **pandemic prevention, preparedness and response (PPR)**. Article 19 of the [WHO Constitution](#) gives the MS forming the WHA the authority to adopt conventions or agreements on any matter within WHO’s competence. The [INB’s work](#) is based on the principles of inclusiveness, transparency, efficiency, MS leadership and consensus. The INB [met for the first time](#) in February 2022 focusing on the working modalities. At EU level, in March 2022 the [Council adopted](#) a decision authorising the opening of negotiations. At the [second meeting of the INB](#) in July 2022, it was agreed that the Pandemic Accord should contain **both legally binding and non-legally binding elements**. Along with the INB process, MS and relevant stakeholders, as well as experts and the wider public participated in a global consultation.

Following initial discussions in late 2022 and the release of a [Zero Draft](#) in early 2023, WHO Member States negotiated the structure and content of a new international agreement on PPR. The draft included provisions to **achieve global, equitable access to medical products** by supporting the global supply chain and logistics

network¹⁶, promoting sustainable and equitably distributed production and transfer of technology and know-how, regulatory strengthening and support relevant research. It also focused on the **need to strengthen and sustain capacities for PPR and recovery of health systems** through the support of health systems' resilience, the reinforcement of the health and care workforce, the promotion of relevant preparedness monitoring, simulation exercises and universal peer review, as well as the protection of human rights with a particular emphasis on persons in vulnerable situations. The **global coordination, collaboration and cooperation** was one of the key elements of the Zero Draft. Lastly, the **need for adequate financing** was also addressed¹⁷.

After 13 formal negotiation rounds and extensive intersessional work, the INB finalized the proposed Pandemic Agreement in April 2025. The Pandemic Agreement was adopted by the World Health Assembly on 20 May 2025.

While emphasising global solidarity, the Pandemic Agreement reaffirms national sovereignty in public health decision-making (states that the Agreement does not give the WHO authority to impose lockdowns or vaccine mandates on any country) and explicitly does not grant WHO authority to override national laws or mandate specific health interventions.

An open-ended Intergovernmental Working Group (IGWG) is currently negotiating the **Pathogen Access and Benefit Sharing** Annex to the Pandemic Agreement. Once the latter text is finalised, the Member States will be able to proceed with signature and ratification of the Pandemic Agreement

WHO's work on health systems

Universal Health Coverage Partnership in the WHO European Region

[The WHO Universal Health Coverage](#) (UHC) Partnership supports countries in developing and implementing policies that advance universal health coverage.

Countries in the Region supported by the UHC Partnership include Armenia, Georgia, Kyrgyzstan, Republic of Moldova, North Macedonia, Tajikistan, Ukraine and Uzbekistan.

The WHO's related activities concern:

- Primary health care;
- Health workforce aligned with evolving service delivery models; and
- Sustainable health financing (strengthen financial protection through effective coverage policies).

The EU provides financial support to the WHO UHC Partnership since the Partnership was founded in 2011. In September 2025, the EU announced an additional financial support worth EUR 40 million and a further contribution foreseen in 2027.

WHO and the European Union collaboration to advance digitised health systems in sub-Saharan Africa

In October 2025, the WHO and the EU agreed to support the digital transformation of health systems and the wider adoption of WHO's Global Digital Health Certification Network in sub-Saharan Africa, in line with an EU grant agreement worth €8 million (2025 to 2028). WHO is providing technical and policy expertise, in collaboration with regional partners such as the Africa Centres for Disease Control and Prevention. The Network builds on the European Union Digital COVID Certificate, to facilitate verification of vaccination, testing and recovery certification for international travellers connecting 76 countries and territories.

Technically, personal health records are managed securely by each individual country or their health system. These records cannot be accessed by other parties, including WHO.

According to the [European Commission](#), Africa imports 99% of its vaccines and 70% – 90% of its medicines, while over 50% of people in sub-Saharan Africa lack access to essential medicines. The EU is offering financial support (in particular to South Africa, Ghana, Nigeria, and Senegal) to provide volume guarantees to manufacturers of medicines, vaccines, diagnostics, medical devices and nutritional products. It is through the Team Europe Initiative on Manufacturing and Access to Vaccines, Medicines and Health Technologies that the EU has been supporting Africa's local pharmaceutical systems and manufacturing capacity. One example of such support is the [EU's support to local manufacturing in Rwanda](#).

Communicable and non-communicable diseases

WHO and the European Centre for Disease Prevention and Control (ECDC) data and assessments on communicable diseases

The UN and WHO's target for communicable diseases is the end of major epidemics by 2030 (AIDS, tuberculosis, malaria, neglected tropical diseases) and combatting hepatitis, water-borne diseases and other communicable diseases (SDG 3.3.).

With regard to **HIV**, although significant progress has been made globally, increases have been observed in countries of the WHO European Region. According to the latest [HIV/AIDS Surveillance in Europe 2025 – 2024](#) data, an increasingly larger number of people are living with undiagnosed HIV in the Europe Region. In the EU/EEA, the trend differs from that for the wider Region, with generally lower HIV incidence rates reported (compared to the Region). New HIV infections in the EU/EEA declined by 20% (compared to 2010). The rate of diagnoses in the Region was higher among men than women.

Tuberculosis (TB) incidence in the WHO European Region has declined and is currently among the lowest of all WHO regions. Although incident TB cases in the EU/EEA declined by 37%, compared to 2015, a number of parameters, namely TB preventive treatment for childhood contacts, TB treatment and reduction of TB mortality, are below the targets. Overall, good progress has been made for both disease areas and particularly for TB. Neither are on track to meet the interim 2025 targets of a 75% reduction in HIV incidence (from a 2010 baseline), and a 50% reduction in TB incidence (from a 2015 baseline).

Vast numbers of people are still living with undiagnosed **hepatitis B** and **C** in the EU/EEA, putting them at risk of severe consequences and mortality. The limited data available indicates major shortfalls related to hepatitis B virus (HBV) and hepatitis C virus (HCV) testing and treatment. Reported diagnoses of acute hepatitis B are increasing. [According to the ECDC](#) estimates, approximately 3.2 million people were living with hepatitis B (in 2022), and approximately 1.8 million people were living with hepatitis C (in 2019). An estimated 53 000 people in the EU/EEA die from Hepatitis B and C each year. The number of deaths caused by viral hepatitis continues to increase. Vaccination is a critical component of prevention efforts for hepatitis B. The ECDC [recommends](#) for countries with suboptimal vaccination coverage: assessing factors such as public perception toward vaccinations in order to develop tailored communication strategies and to identify any barriers to vaccination in the community such as restricted access or costs to the individual.

According to the [ECDC](#), the incidence of **malaria** in Europe is very low and almost all cases are 'imported'¹⁸. **Poliomyelitis** appears to have been almost eradicated worldwide, except in Afghanistan, Malawi and Pakistan.

Cruise ship hantavirus outbreak

According to the WHO, **hantaviruses** are a group of zoonotic viruses carried by rodents that can cause severe disease in humans. Humans usually get infected through contact with infected rodents or their urine, droppings or saliva. Infection with hantaviruses can cause a range of illnesses, severe disease and death. In humans, **symptoms** usually begin between one and eight weeks after exposure, depending on the type of virus, and typically include fever, headache, muscle aches and gastrointestinal symptoms such as abdominal pain, nausea or vomiting. In the Americas, hantaviruses can cause hantavirus cardiopulmonary syndrome (HCPS), a severe respiratory illness, with a case fatality rate up to 50%. In Europe and Asia, hantaviruses cause haemorrhagic fever with renal syndrome (HFRS).

Early diagnosis of hantavirus infection can be challenging because early symptoms are common with other febrile or respiratory illnesses, such as influenza, COVID-19, viral pneumonia, leptospirosis, dengue or sepsis. There is no licenced specific antiviral **treatment** or vaccine for hantavirus infection. **Preventing** hantavirus infection depends primarily on reducing contacts between people and rodents

The ECDC was notified on 2 May 2026 by the Netherlands via the European Union (EU) Early Warning and Response System (EWRS) about a cluster of unknown disease with severe respiratory symptoms on a cruise ship in the South Atlantic, operating under a Dutch flag. Several passengers tested positive for Andes virus. The WHO [explains](#) that Andes virus has demonstrated limited human-to-human transmission in previous outbreaks, typically occurring among close contacts and within household settings, generally requiring prolonged close exposure.

As of 21 May, the ECDC [assesses](#) that the risk to the general population in the EU/EEA from the Andes virus spreading from this cruise ship outbreak is **very low**. The ECDC [notes](#) that person-to-person transmission of ANDV has only been documented following close and prolonged contact.

Non-communicable diseases

According to WHO, 75 % of deaths worldwide (43 million persons annually) were caused by NCDs in 2021¹⁹, and 91% of deaths in the European Region in 2019²⁰, although the impact is stronger in low- and middle-income countries. NCDs include heart diseases, strokes, cancer, diabetes and chronic lung diseases. The four major risk factors are tobacco use, physical inactivity, harmful use of alcohol and unhealthy diets²¹.

The sustainable development agenda targets a **reduction of premature deaths from NCDs by one-third by 2030** through prevention and treatment (objective 3.4.). In parallel, the prevention and treatment of substance abuse and harmful use of alcohol correspond to objective 3.5. Actions of WHO and its MS are framed by the Global action plan for the prevention and control of NCDs 2013–2030 and its Implementation roadmap 2023–2030.

According to the progress report of the Director-General, no country is on track to achieve all nine voluntary targets for 2025 (with a baseline in 2010) although there is still a margin to achieve the targets²². The European Region **performed the best at reducing premature NCD mortality** (31 % between 2000 and 2019), particularly in the reduction of cardiovascular mortality²³. Looking at a central indicator, i.e. the probability of dying between 30 and 70 from any of cardiovascular disease, cancer, diabetes, or chronic respiratory disease, the **projected evolution for the European region nevertheless remains below the target** set out in SDG 3.4. Looking at WHO MS' level data (indicators supporting the analysis of SDG 3.4.), disparities are observed between EU MS with higher rates of mortality from NCDs in Bulgaria, Hungary, Latvia, Lithuania, Romania and several EU candidate countries.

Cancer. Up to four in ten cancer cases worldwide could be prevented, according to a [new global analysis](#)²⁴ from the World Health Organization (WHO) and its International Agency for Research on Cancer (IARC). The study examines 30 preventable causes, including tobacco, alcohol, high body mass index, physical inactivity,

air pollution, ultraviolet radiation – and for the first time – nine cancer-causing infections. Three cancer types – lung, stomach and cervical cancer – accounted for nearly half of all preventable cancer cases in both men and women, globally. Lung cancer was primarily linked to smoking and air pollution, stomach cancer was largely attributable to *Helicobacter pylori* infection, and cervical cancer was overwhelmingly caused by human papillomavirus (HPV).

Tobacco control. WHO works with the WHO FCTC Secretariat and governments in Member States to implement the tobacco control measures in the WHO Framework Convention on Tobacco Control (WHO FCTC). The [WHO Framework Convention on Tobacco Control](#) (FCTC) represents the first international treaty negotiated under the authority of the WHO and the first global public health treaty. It entered into force on 27 February 2005. 183 Parties have signed this treaty, covering 90% of the world population. Its provisions cover measures relating to the reduction of demand for tobacco and measures relating to the reduction of supply of tobacco. The [WHO Report](#) analysing the implementation of the WHO FCTC in the EU, released in October 2025, calls on the EU to accelerate legislative reforms and close regulatory gaps including those related to the new and emerging tobacco and nicotine products. In particular, the Report emphasises the need for a revision of the Tobacco Products Directive and the Tobacco Advertising Directive.

Sexual and reproductive health and rights. Women's health

The WHO [defines](#) sexual health as “a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.”

Reproductive health is [defined](#) by the WHO as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so.”

WHO develops guidelines to promote gender responsive approaches to women's health across a wide range of health areas (including the global strategy against [Female genital mutilation](#) medicalization and [the Global Strategy for Women's, Children's and Adolescents' Health](#) (2016–2030)). The WHO works with countries to strengthen health systems by integrating women's health priorities into primary health care, national health strategies and universal health coverage reforms. WHO also supports action on harmful gender norms and discrimination and integrates women's health into responses to pandemics, climate change and humanitarian crises, while recognizing the social and structural determinants of women's health.

The WHO project report on [The role of digital health technologies in women's health, empowerment, and gender equality](#), released in March 2024, shows that digital health technologies can improve women's health outcomes by overcoming ongoing socioeconomic, cultural and geopolitical barriers that inhibit their access to health care. The results suggest that digital health technologies positively impact women's empowerment, facilitate the achievement of gender equality, and improve health outcomes for women.

Overview of European Parliament's relevant work; existing and proposed EU measures

Below is an overview of the European Parliament's work on the matters of the 79th WHA and, where relevant, applicable EU measures. Until 2023, health matters were covered by the EP Committee on Environment, Public Health and Food Safety. In February 2023, the Parliament set up a permanent subcommittee on public

health, that was upgraded into a fully-fledged standing committee ([SANT](#)) in December 2024. This highlights the growing prominence of public health matters for the Parliament and for the EU.

Public health emergencies: preparedness and response.

As a result of the COVID-19 pandemic, the EU reinforced the legal framework to combat cross-border health threats and extended the role of the ECDC and the European Medicines Agency in 2022, as steps towards a European Health Union. The new rules support the prevention and control of infectious diseases and improve preparedness and response.

In 2022, the European Health Emergency Preparedness and Response Authority (HERA) was set up to improve preparedness and response to serious cross-border threats in the area of medical countermeasure. Furthermore, recognising and addressing the **social determinants of health** and reducing health inequalities is reflected in the EP's resolution on the [EU's Public Health Strategy post-COVID-19](#), and the right to affordable, good-quality healthcare is an integral part of the European Pillar of Social Rights²⁵.

The Commission [proposal for the next Global Europe instrument](#), released in July 2025, provides a total budget of approximately €200 billion in current prices and includes among its objectives the promotion of the Union's values and interests worldwide, multilateralism and a rules-based international order and, stronger mutually beneficial partnerships with partner countries. An indicative amount of €25 billion is foreseen for humanitarian aid. Global Europe covers also health actions within the five geographic areas. Additionally, the Global Europe instrument could support actions to combat health threats, strengthen health systems and health equity, promote universal health coverage, and sexual and reproductive health and rights in partner countries. The **Global Europe** financial instrument for 2021-2027 already exists and is being implemented. The programme was set up in 2021 as the Neighbourhood, Development and International Cooperation instrument.

Prevention and control of NCDs (including cancer) and mental health

In the EU, the "Healthier Together" Initiative on **NCDs** aims to address cardiovascular diseases, diabetes, chronic respiratory diseases, mental health and neurological disorders.

The [Safe Hearts Plan](#) released by the European Commission in December 2025, is focused on prevention, early detection and screening, and treatment and care (including rehabilitation), supported by three cross-cutting themes on digital innovation, research and knowledge, and tackling inequalities. It seeks to strengthen national policies. The SANT Committee is preparing an own-initiative report on an EU **cardiovascular diseases** strategy.

Regarding NCDs, the EP [defended](#) an extension of the ECDC's role to cover major NCDs. Furthermore, the Special Committee on **Beating Cancer** (BECA) operated between September 2020 and December 2021, leading up to the adoption of the EP [Resolution](#) of 16 February 2022 on strengthening Europe in the fight against cancer, defending a comprehensive and coordinated approach which takes full account of WHO's recommendations and the adoption of [Europe's Beating Cancer Plan](#). The Plan contains ten flagship initiatives and support actions to prevent and combat cancer in the EU. It has a €4 billion dedicated budget from EU Programmes including EU4Health, Horizon Europe, and Digital Europe.

[The European Parliament resolution of 12 February 2026 on World Cancer Day](#) (2026/2586(RSP)) stresses that achieving targets on cancer prevention, including measures to reduce the exposure to risk factors such as tobacco products, harmful alcohol consumption, environmental contamination, air pollution and exposure to harmful materials and substances, such as carcinogenic, mutagenic and reprotoxic substances, including PFAS (per- and polyfluoroalkyl substances) and endocrine disruptors, as well as advancing the 'One Health'

approach and an exposome agenda are complementary to efforts to prevent other non-communicable diseases.

Tobacco consumption is the single largest avoidable health risk, and the most significant cause of premature death in the EU, responsible for [nearly 700,000 deaths every year](#). Around 50% of smokers die prematurely (on average 14 years earlier). The EU's Beating Cancer plan (2021) has set a target to have a tobacco-free generation by 2040, with less than 5 % of the population using tobacco.

On 16 July 2025, the European Commission proposed a revision to the Tobacco Taxation Directive, alongside modifications to the general Excise Duty Directive. The aim is to restore the effectiveness of EU-wide minimum tax rates on tobacco products and extend their scope to cover new product types.

The [Commission evaluation of the EU tobacco control framework](#), published in April 2026, highlights progress and emerging public health challenges. Its findings show that the EU rules on tobacco control have contributed to a significant decline in smoking and tobacco-related deaths across the EU. Since 2012, smoking rates in the EU have fallen from 28% to 24% of the population. The Commission intends to propose in 2026 a revision of the legislative framework on tobacco control.

Several resolutions were adopted by the EP on the importance of preserving **mental health** for various populations, in particular in [work-related policies](#) and in the context of the COVID-19 pandemic, [calling for an EU Action Plan on mental health](#). The Commission Communication on a comprehensive approach to mental health was released in June 2023. The [Digital Services Act](#) requires online platforms to ensure their services are safe for the physical and mental wellbeing of their users, including children.

Women's health.

In March 2025, the SANT Committee launched a public consultation on women's health. It addressed a wide range of topics, including: healthcare access and provision, with attention to gender differences and the specific needs of the LGBTIQ community; work and health, including treatment of health as the workplace and working conditions in the healthcare sector; information, education, and training related to women's health; structural and policy context, including healthcare rights, legislation, and the role of the EU. Nearly 2000 answers were submitted in response to the survey. The EP published its [analysis of the results of the public consultation](#) in November 2025: *inter alia*, 75% of all respondents reported longer waiting times for women compared to men; less than 25% of all respondents reported good access to (peri)menopause information and care, while more than 75% of individuals reported good access to pregnancy care.

The European Parliament [resolution](#) of 11 April 2024 (2024/2655(RSP)) urges the European Council to launch a Convention for the revision of the Treaties, and to adopt its proposal to add sexual and reproductive healthcare and the right to safe and legal abortion to the EU Fundamental Rights Charter and calls on Member States to improve access to sexual and reproductive healthcare services.

Antimicrobial resistance

[Antimicrobials](#) are medicines used to prevent and treat infectious diseases in humans, animals and plants. Antimicrobial resistance occurs when bacteria, viruses, fungi and parasites no longer respond to antimicrobial medicines. Each year throughout the EU, Iceland and Norway, more than [35 000 people die](#) from antibiotic-resistant infections, a number that has increased in recent years. The health burden of antibiotic-resistant infections is comparable to that of influenza, tuberculosis and HIV/AIDS combined. [Over 70% of the health impact](#) of antibiotic-resistant infections is directly linked to healthcare-associated infections. This could be addressed by infection prevention and control measures.

The ECDC released in May 2026 its [Proposal](#) for EU guidance on the establishment and implementation of infection prevention and control programmes in healthcare. The ECDC encourages countries to establish, if not existing, maintain and strengthen national infection prevention and control programmes that adopt a risk-based approach to prevention and control of healthcare-associated infections. The provisional agreement on the [revision of the EU's pharmaceutical policy framework](#) provides for measures to enhance the fight against antimicrobial resistance: a "transferable data exclusivity voucher" for priority antimicrobials, giving the right to 12 additional months of data protection for one authorised product and compulsory medical prescriptions for all antimicrobials.

The EP has been actively involved in addressing the aspects linked to antimicrobial resistance at EU level, as expressed, for instance in its [resolution](#) of 2023 on the EU action to combat antimicrobial resistance.

Critical Medicines

The WHO underlines the growing problem of medicine shortages, which have been affecting high-income, middle-income, and low-income countries. [Experts note](#) that shortages can lead to medicine rationing and delay of critical treatments and can require patients to use alternatives which may be less efficacious or may increase the risk of medication errors due to unfamiliarity with the new regimen. In some cases, an absence of alternatives can mean that patients cannot be treated, and their disease may progress or worsen.

On 12 May 2026, the European Parliament and the Council reached provisional agreement on the Critical Medicines Act. The text includes provisions on aspects such as criteria for setting up industrial "strategic projects" located in the EU to create, modernise and increase manufacturing capacity; to incentivise manufacturing in the EU, it will be possible to reward suppliers proportionally to the share of medicinal products and their active pharmaceutical substances manufactured in the EU. Accordingly, the European Commission will be required to initiate a procurement procedure on behalf of Member States, when five or more countries request it.

Substandard and falsified medical products.

The EU has a strong legal framework for the production of medicines including a [Directive on falsified medicines for human use](#) since 2011, containing rules to prevent falsified medicines from entering the legal supply chain and reaching patients.

The [Medical Devices Regulation \(EU\) 2017/745](#) aligns the medical devices nomenclature for the European database on medical devices (EUDAMED) with internationally recognised nomenclatures, taking into account the principles and orientations of the International Medical Device Regulators Forum (IMDRF) and WHO. On 16 December 2025, the European Commission [proposed](#) a simplification of the current rules for medical devices.

For more reading:

- Excises on Tobacco products in the EU, Impact on the internal market of the minimum rates of excise duty and the wide availability of alternative tobacco products currently not covered by Council Directive 2011/64/EU on the structure and rates of excise duty applied to manufactured tobacco, 2026, [https://www.europarl.europa.eu/RegData/etudes/STUD/2026/772646/ECTI_STU\(2026\)772646_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/STUD/2026/772646/ECTI_STU(2026)772646_EN.pdf).
- Briefing on The 11th Conference of the Parties to the World Health Organization Framework Convention on Tobacco Control 17 - 22 November 2025, Geneva, Switzerland, [https://www.europarl.europa.eu/RegData/etudes/BRIE/2025/778582/ECTI_BRI\(2025\)778582_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/BRIE/2025/778582/ECTI_BRI(2025)778582_EN.pdf).
- Jonsson, C. B., Figueiredo, L. T. M., Vapalahti, O. (2010). *A global perspective on hantavirus ecology, epidemiology, and disease*. Clinical Microbiology Reviews, 23(2), 412-441.
- Li, et al. 2024. *Seroprevalence of hantavirus infection in non-epidemic settings over four decades: a systematic review and meta-analysis*. BMC Public Health.
- Tian, H., Stenseth, N.C., 2019. *The ecological dynamics of hantavirus diseases*. PLoS Neglected Tropical Diseases.
- [The impact of the European Medicines Agency \(EMA\) and the Heads of Medicines Agencies \(HMA\)](#) to address shortages of human and veterinary medicines across Europe, Inga Abed, Vanessa Bennett, Brendan Cuddy, Sandra Dang, Juan García Burgos, Domenico Di Giorgio, Maria Lamas, Momir Radulovic, Nuno Simões, Rui Santos Ivo, Hugues Malonne, Monica Dias.

- Nusselder, W.J. et al., 2025, Women's health: European Parliament's public consultation, publication for the Committee on Public Health (SANT), Policy Department for Transformation, Innovation and Health, European Parliament, Luxembourg.
- Kluge H, Pai M, Three reasons why the European region should worry about tuberculosis, *The Lancet Respiratory Medicine*, 2026; 14, 296-297.
- Kluge, H.H.P. A healthy population is a strategic advantage. *Nat. Health* (2026). <https://doi.org/10.1038/s44360-026-00110-4>.

- ¹ [Constitution of the World Health Organization](#) (1946), Article 15.
- ² Ibid, see Articles 13, 19, 21, and 23.
- ³ Ibid, see Articles 13, 19, 21, and 23.
- ⁴ WHO, webpage '[Composition of the Board](#)'.
- ⁵ WHO, webpage '[World Health Assembly](#)'.
- ⁶ WHO, webpage '[Countries](#)'.
- ⁷ WHO, webpage '[The European Union](#)'.
- ⁸ WHO, webpage '[Partners for health in the WHO European Region](#)'.
- ⁹ Ibid.
- ¹⁰ WHO, webpage '[Contributors](#)'.
- ¹¹ EC, 'Global Health: EU invests €125 million in universal health coverage in partnership with WHO', 30 Nov. 2022, https://ec.europa.eu/commission/presscorner/detail/en/IP_22_7287.
- ¹² EC, 'Joint European Commission and World Health Organisation press release on extending strategic cooperation to deliver better health for all', 2 Dec. 2022, https://ec.europa.eu/commission/presscorner/detail/en/ip_22_7375.
- ¹³ WHO, Factsheet '[Universal health coverage \(UHC\)](#)'.
- ¹⁴ EC, 'State of Health Preparedness Report 2023', 15 Dec. 2023, <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A52023DC0792>.
- ¹⁵ Communication from the Commission to the European Parliament and the Council, Reinforcing global health resilience amidst geopolitical change, COM(2026) 197 final.
- ¹⁶ Regarding 'equitable access', the IFRC regrets the limitation of the scope to medical countermeasures and supports a broader notion including access to services (i.e. UHC) and access to information. In addition, the IFRC defends the importance of building capacity of local stakeholders and (medical) communities in the prevention and management of pandemics, as an essential intermediary, complementary to state action. Interview conducted with a representative of IFRC on 16 May 2023.
- ¹⁷ Wemos, 'Zero-Draft Pandemic Accord: Promising for access to medicines, disappointing on adequate funding', 08 Feb. 2023, <https://www.wemos.nl/en/zero-draft-pandemic-accord-promising-for-access-to-medicines-disappointing-on-adequate-financing/>; Médecins Sans Frontières, Pandemic Accord: MSF's Comments on Equity Provisions in Zero Draft, 07 April 2023, <https://msfaccess.org/pandemic-accord- msfs-comments-equity-provisions-zero-draft>.
- ¹⁸ ECDC, Malaria – Annual Epidemiological Report for 2022, <https://www.ecdc.europa.eu/en/publications-data/malaria-annual-epidemiological-report-2022>.
- ¹⁹ WHO, webpage '[Non-communicable diseases](#)'.
- ²⁰ EC, 'EU burden from non-communicable diseases and key risk factors', 6 Mar. 2024, https://knowledge4policy.ec.europa.eu/health-promotion-knowledge-gateway/eu-burden-non-communicable-diseases-key-risk-factors_en.
- ²¹ WHO, webpage '[Non-communicable diseases: Risk factors and conditions](#)'.
- ²² The nine voluntary targets set out in the Global action plan for the control and prevention of NCDs (WHA66.10, 2013) are: 1) A 25% relative reduction in risk of premature mortality from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases; 2) reduction of the harmful use of alcohol by 10%; 3) reduction of physical inactivity by 10%; 4) reduction of the salt/sodium intake by 30%; 5) reduction of tobacco use by 30% in person age 15+; 6) reduction of the prevalence of raised blood pressure by 25%; 7) no increase in diabetes/obesity; 8) 50% of eligible people receiving drug therapy and counselling to prevent heart attacks/strokes; 9) 80% availability of the affordable basic technologies and essential medicines, including generics, required to treat major NCDs in both public and private facilities.
- ²³ WHO, webpage '[World Health Statistics 2025](#)'.
- ²⁴ Fink, H., Langselius, O., Vignat, J. et al. Global and regional cancer burden attributable to modifiable risk factors to inform prevention. *Nat Med* 32, 1306–1315 (2026). <https://doi.org/10.1038/s41591-026-04219-7>.
- ²⁵ EPRS, 'Addressing health inequalities in the European Union'. 19 Feb. 2020, [https://www.europarl.europa.eu/thinktank/en/document/EPRS_IDA\(2020\)646182](https://www.europarl.europa.eu/thinktank/en/document/EPRS_IDA(2020)646182).

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