

# The 78th World Health Assembly

## « One World for Health »

### KEY FINDINGS

The **78<sup>th</sup> World Health Assembly (WHA)** will take place in Geneva, Switzerland, from **19 to 27 May 2025**. 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 (MS). The WHA discusses and votes on the decisions and resolutions prepared by either WHO's Executive Board, its Director-General, or proposed by groups of MS. The Executive Board is composed of 34 individuals elected for three years, and its annual meeting takes place in January.

The theme for the 78<sup>th</sup> WHA is "**One World for Health**". The decisions and resolutions will fall under four pillars, three of which contribute to the "triple billion targets" defined in the previous General Programme of Work (GPW13):

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

The new GPW, GPW 14, for 2025 - 2028, also incorporates six strategic objectives that respond to the major health challenges and crises of our time.

1. Respond to climate change, an escalating health threat in the 21st century.
2. Address health determinants and the root causes of ill health in key policies across sectors.
3. Advance the primary health care approach and essential health system capacities for universal health coverage.
4. Improve health service coverage and financial protection to address inequity and gender inequalities.
5. Prevent, mitigate and prepare for risks to health from all hazards.
6. Rapidly detect and sustain an effective response to all health emergencies.

The Assembly meeting will consist of a plenary and two committees (A and B), as well as technical meetings. The documents to be discussed during the WHA are regularly uploaded and updated on the WHA's dedicated [webpage](#), as well as the preliminary daily [timetable](#).



## Summary

WHO started its activities on 7 April 1948, 77 years ago. Building on the evaluation of WHO's 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 prioritizes joint action and partnership for impact. At the 78<sup>th</sup> WHA, key topics will include universal health coverage, mental health, non-communicable and communicable diseases, and health workforce development. Discussions will also address the climate-health nexus, digital health, and traditional medicine. Strengthening emergency preparedness remains a priority, with a final decision on the [draft pandemic agreement](#) to be taken.

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

### 1. 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 body<sup>1</sup>, which meets **at least yearly** to adopt conventions, agreements, regulations and recommendations on any matter within the competence of WHO or relating to its operations<sup>2</sup>. 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 2022<sup>3</sup>.

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 health<sup>4</sup>. 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)<sup>5</sup>. As of today, it includes **194 MS** (all UN members except for Liechtenstein, the Cook Islands and Niue<sup>6</sup>). The United States of America (USA) has signalled its intention of [withdrawing from the WHO](#) by an [Executive Order](#) signed on 20 January 2025. 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 meetings<sup>7</sup>. 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 78th WHA will be presided by The Philippines' Health Secretary, Teodoro Herbosa<sup>8</sup>.

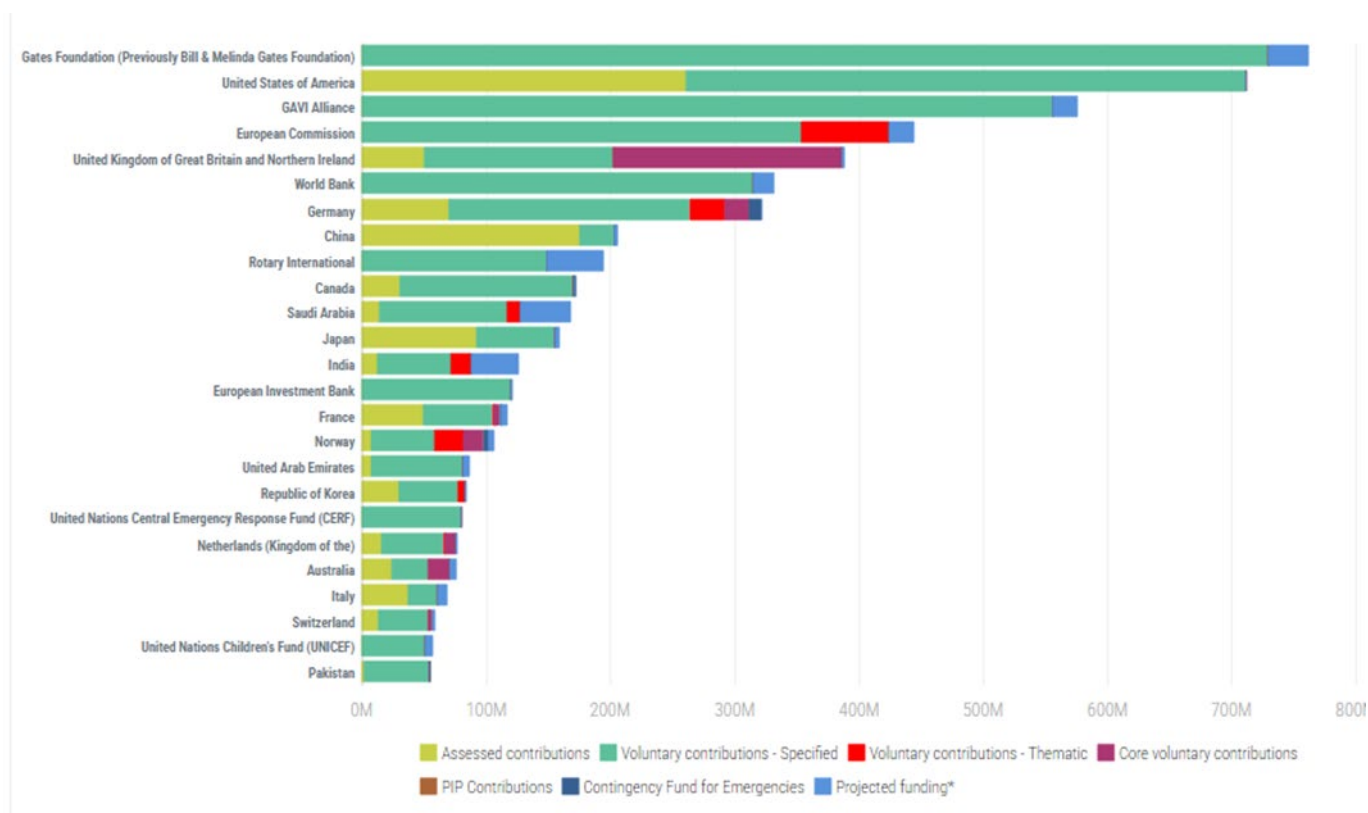
### 2. WHO/WHA and the EU

The **EC 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 countries<sup>9</sup>. **Collaboration at all levels** is essential given the complexity of current public and global health challenges. Therefore, WHO and the EU have established a [strategic partnership](#) both at technical and political levels, extending beyond the health sector.

At the 70<sup>th</sup> 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 NCDs with a focus on cancer; (iv) sustainable food systems and health; and (v) health cooperation with non-EU countries in the WHO European Region<sup>10</sup>.

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 4<sup>th</sup> largest donor<sup>11</sup>. 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 UHC Partnership for 2023–2027<sup>12</sup>. 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](#))<sup>13</sup>. 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 December 2022, the EC’s **Health Emergency Preparedness and Response Authority** (HERA) and WHO’s Hub for Pandemic and Epidemic Intelligence furthermore 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 (AMR), funding national capacities for SARS-CoV-2 and

emerging pathogens' detection and genomic surveillance in Africa, and support to the COVID-19 Technology Access Pool<sup>14</sup>.

During the Polish Presidency of the Council of the European Union, public health matters have gained political momentum in the EU, with one of the first major events being a conference on '[Together for Europe's Health](#)'. The main topics addressed were innovative solutions in healthcare, experiences, challenges and opportunities in health promotion, disease prevention, mental health support and digitalisation. In addition to that, on the final day of the 77<sup>th</sup> WHA, amendments to the IHR were officially adopted, marking a key moment for global health governance. In parallel, in April 2025, the [intergovernmental negotiating body \(INB\)](#) finalized a proposal on a new international instrument on pandemic prevention, preparedness, and response. This Pandemic Agreement proposal will be presented at the 78<sup>th</sup> WHA, where a final decision on adopting the instrument under Article 19 of the WHO Constitution is expected.

## Global context

The EU strongly condemns Russia's military aggression against **Ukraine** and its huge impact on the health and well-being of people. Regarding **COVID-19**, the EU calls for the integration of the lessons learnt from the pandemic and the establishment of an effective well-organised international infrastructure. In this sense, the IHR 2005 was revised and the Pandemic Agreement awaits to be adopted<sup>15</sup>. Due to the insistence of the People's Republic of China, **Taiwan** has not been able to participate in the WHA since 2017 and has not yet received an official invitation to this year's WHA (as of 2 May 2025), despite support from the G7 nations<sup>16</sup> and several EU Member States. This year, Taiwan will send a WHA Action Team in keeping with past efforts to engage in global public health affairs. The agenda of the WHA78 takes into account the report on the 'Health conditions in the occupied **Palestinian territory**, including east Jerusalem, and in the occupied Syrian Golan' (A76/15) and recommends that the WHA78 adopts [resolution EBSS7.R1 \(2023\)](#) with some textual amendments. The United States' announcement of its intention to withdraw from WHO was acknowledged during the 156<sup>th</sup> EB session, with implications for the Organization's funding, strategic planning, and workforce stability discussed.

## 78<sup>th</sup> World Health Assembly's tabled resolutions, decisions and reports

During the 155<sup>th</sup> and 156<sup>th</sup> sessions of the WHO Executive Board, key preparatory discussions addressed a wide range of issues: from strengthening universal health coverage and tackling non-communicable diseases, to climate-related health risks, pandemic preparedness, and WHO governance reform. DG Dr Tedros Adhanom Ghebreyesus, in his report to the 156<sup>th</sup> Executive Board session, emphasized urgent action on health equity, antimicrobial resistance, immunization gaps, and maternal and child mortality. The Board's decisions also reflect an institutional shift strengthening WHO's emergency preparedness, expanding digital health strategies, supporting rare disease communities, and protecting the integrity of the health workforce. Several strategies and resolutions proposed by the Board for WHA78 are anchored in the SDGs, aiming to accelerate progress on universal health coverage, climate-related health risks, and non-communicable diseases. The Pandemic Agreement proposal will be presented and a final decision will be taken.

The work of the 78<sup>th</sup> WHA will be based on the GPW14 and, like in previous years, it will be divided into four pillars corresponding to the specific objectives set out in the GPW13's '**triple billion targets**'<sup>17</sup>: one billion more people benefiting from **universal health coverage** (pillar 1), one billion more people better protected from **health emergencies** (pillar 2), and one billion more people enjoying **better health and well-being** (pillar 3). Pillar 4 focuses on the realisation of a 'more effective and efficient WHO providing better support to countries'. These four objectives aim at attaining the health-related SDGs.

## Pillar 1: One billion more people benefiting from universal health coverage

**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<sup>18</sup>.

The dossiers under this pillar deal in particular with health systems and services, health workforce, health information systems, medicines, vaccines and health products but also governance and financing.

The documents to be discussed and/or proposed for adoption under Pillar 1 will include the following items:

Agenda item	Description	Comment and position
<b>Committee A</b>		
13.1. Follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases ( <a href="#">EB156/7</a> )	This report is submitted in response to decision <a href="#">WHA72.11</a> (2019), in which the WHA requested the DG to follow up on the 2018 political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases. It reports on the progress made in several areas and is supplemented by a comprehensive overview of the Secretariat's technical work to support Member State efforts to prevent and control NCDs.	The fourth high-level meeting of the General Assembly on the prevention and control of non-communicable diseases provides an opportunity to adopt a new, ambitious and achievable political declaration on NCDs, based on evidence and grounded in human rights, to accelerate the global NCD response beyond 2025.
13.2 Mental health and social connection ( <a href="#">EB156/8</a> )	This report highlights the need to strengthen action on social connection and mental health and outlines recent WHO activities and initiatives, reflecting the Organization's political and technical commitment to this goal as a key component of the GPW14, 2025–2028. This report also proposes a set of actions to reduce social isolation and loneliness, redress the neglect of mental and social health across WHO's areas of work, and achieve better health and well-being for all.	At a meeting of the Officers of the EB and the DG in September 2024, and following requests from two MS, a recommendation was made to include an item on mental health and social connection on the provisional agenda of the 156th session of the EB.
13.3 Universal health coverage ( <a href="#">EB156/6</a> )	This report summarizes progress towards UHC for 2023–2024, building on reports to the governing bodies and including primary healthcare and integrated people-centred health services, in response to resolutions <a href="#">WHA72.2</a> (2019) and <a href="#">WHA76.4</a> (2023) and decision <a href="#">WHA77.16</a> (2024). The focus will be on primary health care.	Governments committed to SDGs target 3.8 to achieve UHC by 2030, including financial protection and access to quality essential health services. In resolution <a href="#">WHA76.4</a> , the WHA requested the DG to support MS in preparing for the 2023 second high-level meeting of the United Nations General Assembly on UHC. Following that high-level meeting, MS committed to redoubling efforts towards UHC and decided to convene the next high-level meeting on UHC in 2027.
13.4 Communicable diseases ( <a href="#">EB156/9</a> )	The report responds to the request of some MS to include an item on leptospirosis and on skin diseases. It provides a summary of WHO's work on leptospirosis and an overview of skin diseases as a public health priority, with a focus on skin-related infections, mpox and sexually transmitted infections, and describes WHO's work on these areas. It identifies challenges to implementation at the country level and the way forward to address the challenges.	Following requests by some MS to include an item on leptospirosis and on skin diseases on the provisional agenda of the EB at its 156th session, the Officers of the Board and the DG recommended in October 2024 the addition of a new item on communicable diseases to cover these topics.

Agenda item	Description	Comment and position
13.5 Substandard and falsified medical products ( <a href="#">EB156/11</a> )	The DG is transmitting to the EB the reports of the 12th and 13th meetings of the MS mechanism on substandard and falsified medical products, which took place in November 2023 and November 2024, respectively. These meetings involved WHO Member States discussing issues, progress, and strategies related to combating substandard and falsified medical products. The outcomes of those meetings are documented in <a href="#">EB156/11</a> .	<b>The 78th WHA is invited to consider the report of the DG on the 12th and 13th meetings of the Member State mechanism on substandard and falsified medical products, take note of its contents and request the DG to present the outcomes of the report of the 14th meeting of the mechanism to the 79th WHA.</b>
13.6 Standardization of medical devices nomenclature ( <a href="#">EB156/13</a> )	The report responds to decision WHA75. It provides details of the activities of the Secretariat on the collection and integration of information related to medical devices in WHO platforms, and on related activities to support this process.	In May 2022, the WHA75 considered a report on the standardization of medical devices nomenclature and adopted decision WHA75. In the decision, the WHA requested the DG to integrate available information related to medical devices in a web-based database and clearinghouse and to link this to other WHO platforms. It also requested the submission of a substantive report on progress in implementing the decision to the EB at its 152nd and 156th sessions.
13.8 Draft global traditional medicine strategy 2025–2034 ( <a href="#">EB156/16</a> )	This report presents the draft WHO Traditional Medicine Strategy 2025–2034, developed to guide MS in safely integrating traditional, complementary, and integrative medicine into health systems. It outlines four strategic objectives and is based on nine guiding principles, with a focus on evidence, regulation, integration, and cross-sector collaboration.	<b>The WHA is invited to consider and adopt the draft WHO Traditional Medicine Strategy: 2025–2034, and to request the DG to report on the progress of its implementation to the Assembly in 2030 and again in 2034.</b>
13.9 Global strategy for Women’s, Children’s and Adolescents’ Health ( <a href="#">EB156/17</a> )	This report reviews recent data and trends on the Global Strategy for Women’s, Children’s and Adolescents’ Health (2016–2030), highlighting that many countries are off track to meet key maternal and child health targets by 2030, and calling for accelerated, equity-focused action, especially at subnational levels.	<b>The WHA should consider the report and reinforce commitments to accelerate progress on the health of women, children, and adolescents to meet 2030 targets.</b>
<b>Committee B</b>		
Progress reports	<p>Progress reports on:</p> <p>A. Strengthening diagnostic capacity (<a href="#">resolution WHA76.5 (2023)</a>)</p> <p>B. WHO global action plan on promoting the health of refugees and migrants, 2019–2030 (<a href="#">resolution WHA76.14 (2023)</a>)</p> <p>C. Integrated emergency, critical and operative care for universal health coverage and protection from health emergencies (<a href="#">resolution WHA76.2 (2023)</a>)</p> <p>D. Global strategy on infection prevention and control (<a href="#">resolution WHA75.13 (2022)</a>)</p> <p>E. Strengthening local production of medicines and other health technologies to improve access (<a href="#">resolution WHA74.6 (2021)</a>)</p>	

## Pillar 2: One billion more people better protected from health emergencies

The dossiers under this pillar deal with health emergencies (epidemics/pandemics and conflicts), access to life-saving health services, disease prevention, emergency preparedness and response, risk prevention, detection (early warning), assessment and management.

The documents to be discussed and/or proposed for adoption under Pillar 2 will include the following items:

Agenda item	Description	Comment and position
<b>Committee A</b>		
16.1 Strengthening the global architecture for health emergency prevention, preparedness, response and resilience	This <a href="#">paper</a> outlines current efforts to strengthen the global architecture for health emergency preparedness and response. It introduces a new framework built around the "five Cs" to improve coordination and capacity at all levels. The goal is to enhance national and global readiness to respond to health emergencies more effectively.	
16.2 Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response	The INB drafted <a href="#">a pandemic agreement</a> . The proposal aims to strengthen global collaboration on prevention, preparedness and response to future pandemic threats.	After more than three years of negotiations, WHO member states reached a milestone in pandemic preparedness by finalizing a draft pandemic agreement. <b>The proposal will be presented at the 78th World Health Assembly in May for consideration.</b>
16.3 Implementation of the International Health Regulations (2005) ( <a href="#">EB156/40</a> )	This report addresses how to correct language and formatting errors found in the IHR (2005) that were not part of the 2024 amendments. It proposes a formal correction procedure aligned with UN treaty practices to ensure consistency and accuracy across all six official WHO languages. The aim is to improve the legal clarity and reliability of the IHR text without reopening substantive negotiations.	<b>The World Health Assembly is invited to adopt the proposed correction procedure for the IHR (2005)</b> and to request the DG to begin applying this procedure after the Assembly closes.
16.4 The Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme ( <a href="#">A74.16</a> )	The IOAC recognizes the WHO Secretariat's continuous efforts in implementing its recommendations and commends the Director-General for his dedication to improving WHO health emergency management. Great progress has been noted in implementing recommendations with regard to the WHE Programme's structure, Incident Management System, emergency business processes and partnerships. The Global Policy Group is encouraged to commit to the pending recommendations requiring Organization-wide efforts. Reaffirming the observations made in its previous eight reports and in its interim report on WHO's response to COVID-19, the IOAC lists recommendations for the areas of particular concern.	The COVID-19 pandemic revealed major weaknesses in global and national preparedness, with overwhelmed health systems and unequal access to care. It exposed limitations in the IHR (2005) and tested WHO's capacity to manage a global crisis. Despite these challenges, WHO led the global response while also handling 65 other emergencies in 2020–2021.

Agenda item	Description	Comment and position
17.1 WHO's work in health emergencies ( <a href="#">EB156/18</a> )	The report, covering 1 January to 30 September 2024, provides information on all WHO-graded acute and protracted emergencies, including those where United Nations Inter-Agency Standing Committee System-Wide Scale-Up protocols were activated and public health emergencies of international concern that required a response by WHO. It also provides an overview of global trends and challenges relating to health emergencies, as well as the short- and medium-term outlook.	All WHO regions experienced health emergencies, including four major (Grade 3) events across multiple regions. Climate change has intensified global health crises, worsened by recent El Niño and La Niña events, has driven malnutrition, disease, and displacement, particularly in vulnerable regions.
17.2 Implementation of resolution WHA75.11 (2022) ( <a href="#">EB156/19</a> )	In May 2022, the 75th WHA adopted resolution <a href="#">WHA75.11</a> , in which a number of requests were made to the Secretariat. The WHA77 adopted decision <a href="#">WHA77.17</a> (2024) requesting the DG to report to the WHA78 in 2025, through the EB at its 156th session, on the implementation of resolution <a href="#">WHA75.11</a> . The report sets out the Secretariat's response to that decision.	This report concerns mainly the actions and support of WHO for humanitarian and emergency health response in Ukraine. The EB is invited to indicate how a transition to sustainable development in Ukraine and countries hosting refugees can be promoted.
17.3 Health conditions in the occupied Palestinian territory, including east Jerusalem ( <a href="#">EB156/20</a> )	In decision <a href="#">WHA77.18</a> (2024), the WHA requested the DG to report on the public health implications of the catastrophic humanitarian crisis in the occupied Palestinian territory, including east Jerusalem, and submit recommendations to the EB at its 156th session.	The EB is invited to provide guidance for MS on how to prevent and mitigate attacks on healthcare and to secure safe space for humanitarian action.
17.4 Universal Health and Preparedness Review ( <a href="#">EB156/21</a> )	The Universal Health and Preparedness Review, introduced in 2020 as a MS-led initiative, aims to strengthen national and global health emergency preparedness through a voluntary, transparent, and inclusive review process. Following its endorsement by MS in 2021 and a guiding concept note in 2022, eight countries have completed national reviews, with three advancing to global peer review. The pilot phase has allowed countries to explore the process, identify gaps, and share best practices.	The EB is invited to note the report and to identify opportunities to improve and promote the Universal Health and Preparedness Review as a mechanism to advance health security and solidarity among MS.
17.5 Poliomyelitis ( <a href="#">EB156/22</a> )	This report provides an update on work towards fully implementing and financing all aspects of the Polio Eradication Strategy. The global effort to eradicate poliomyelitis remains a public health emergency of international concern, as per the conclusions of the Emergency Committee under the IHR (2005) on the international spread of poliovirus	The EB is invited to provide guidance on the measures that can be adopted to ensure that all remaining zero-dose children are reached with polio vaccine and how to secure the financial resources to implement that.
<b>Committee B</b>		
Progress reports	<p>Progress reports on:</p> <p>F. Enhancement of laboratory biosafety (<a href="#">resolution WHA58.29 (2005)</a>)</p> <p>G. Smallpox eradication: destruction of variola virus stocks (<a href="#">resolution WHA60.1 (2007)</a>)</p>	

### Pillar 3: One billion more people enjoying better health and well-being

The dossiers under this pillar deal with nutrition, reproductive health, mental health, communicable and non-communicable diseases, care for the ageing population, antimicrobial resistance, health effects of climate change. This pillar also has a focus on specific populations (women, children, adolescents).

The documents to be discussed and/or proposed for adoption under Pillar 3 will include the following items:

Agenda item	Description	Comment and position
<b>Committee A</b>		
18.1 The impact of chemicals, waste and pollution on human health ( <a href="#">EB156/23</a> )	In resolution <a href="#">WHA76.17</a> (2023) the 76th WHA requested the DG to submit, when complete, the outcome of the intersessional process to prepare recommendations regarding the Strategic Approach and sound management of chemicals and waste beyond 2020 to the 78th WHA for consideration through the EB at its 156th session, along with a report on any updates needed to the road map to enhance the engagement of the health sector in the new instrument.	The next International Conference to discuss implementation of the Framework is expected to be held in 2026. The development of a proposal for the establishment of the independent intergovernmental science-policy panel is expected to be completed by mid-2025 with adoption by an intergovernmental meeting. Health ministries are encouraged to coordinate with their environmental counterparts so that the health dimension of the work of the panel is appropriately supported.
18.2 Updated road map for an enhanced global response to the adverse health effects of air pollution ( <a href="#">EB156/24</a> )	This draft road map updates the previous version and proposes a voluntary target to address the health impacts of air pollution from 2025 to 2030. It aligns with WHO's GPW 14 by including actions proposed to meet the GPW 14 call for promoting low-carbon societies and a primary healthcare approach to tackling the critical environmental determinants of health and mitigating climate change.	From March to July 2024, the WHO Secretariat met with MS via briefings and consultations to report on implementing the first Road map and gather feedback.
18.3 Climate change and health ( <a href="#">EB156/25</a> )	In May 2024, the 77th WHA adopted resolution <a href="#">WHA77.14</a> , requesting the WHO DG to develop a global action plan on climate change and health that is results-based, needs-oriented, and aligned with the UNFCCC and Paris Agreement. A draft plan was subsequently created through a broad consultative process involving Member States, civil society, UN agencies, the private sector, and stakeholders from all WHO regions and development levels, and will be presented for consideration at the 78th WHA.	<b>The World Health Assembly is invited to adopt the Global Action Plan on Climate Change and Health (2025–2028).</b>
<b>Committee B</b>		
Progress reports	<p>Progress reports on:</p> <p>H. WHO global strategy on health, environment and climate change: the transformation needed to improve lives and well-being sustainably through healthy environments (<a href="#">decision WHA74(24) (2021)</a>)</p> <p>I. Plan of action on climate change and health in small island developing States (<a href="#">decision WHA72(10) (2019)</a>)</p> <p>J. Behavioural sciences for better health (<a href="#">resolution WHA76.7 (2023)</a>)</p> <p>K. Accelerating action on global drowning prevention (<a href="#">resolution WHA76.18 (2023)</a>)</p> <p>L. WHO global plan of action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and girls, and against children (<a href="#">resolution WHA69.5 (2016)</a>) and Ending violence against children through health systems strengthening and multisectoral approaches (<a href="#">resolution WHA74.17 (2021)</a>)</p>	

## Pillar 4: More effective and efficient WHO providing better support to countries.

The dossiers of Pillar 4 for WHA78 focus on financial matters and sustainable financing, audit and oversight, staffing matters, management, legal and governance. Some key files are the [proposed programme budget 2026-2027](#), which suggests a 7% increase of assessed contributions (MS membership contributions) compared to 2024-2025. The agenda also revisits **sustainable financing**, notably progress on WHO's investment round, and updates on the **scale of assessments and arrears** in Member State contributions, including any special settlement arrangements. On governance, WHA78 will assess implementation of *reforms to improve investigation procedures for WHO Directors-General*, and ongoing *Secretariat reform efforts*. Several global strategies nearing expiration, such as the **Global strategy on digital health (2020–2025)** and the **Global strategic directions for nursing and midwifery (2021–2025)**, will be reviewed for extension or renewal. Additional issues include *amendments to the WHO Financial and Staff Regulations*, *audit findings and follow-up*, *human resource developments*, and the *reassignment of Indonesia to the Western Pacific Region*. The EU and other stakeholders are expected to continue urging greater accountability, measurable outcomes in programme delivery, and sustained reform of WHO's financial and HR frameworks in line with evolving priorities.

## WHO Convention on crisis preparedness and response

In December 2021, WHO's MS decided to establish an 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)**. In fact, Article 19 of the [WHO Constitution](#) gives the 194 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 network<sup>19</sup>, 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 addressed<sup>20</sup>.

After 13 formal negotiation rounds and extensive intersessional work, the INB finalized the proposed Pandemic Agreement in April 2025. The proposal will be submitted to the 78<sup>th</sup> World Health Assembly for consideration. This proposal includes measures such as a pathogen access and benefit-sharing system, a global supply and logistics network, the development of diverse R&D capacity, and the establishment of a coordinating financial mechanism. While emphasizing global solidarity, the agreement reaffirms national sovereignty in public health decision-making and explicitly does not grant WHO authority to override national laws or mandate specific health interventions.

## International Health Regulation (IHR)

In 1951, the first set of [International Sanitary Regulations](#) were adopted by the MS of WHO, including mostly **notification and quarantine provisions for outbreaks** of six diseases: cholera, plague, relapsing fever, smallpox, typhus, and yellow fever. These Regulations were revised in [1969](#) and adopted as the IHR to ensure the highest level of protection against the international spread of diseases with the least disruption to global traffic. The [Regulations](#) are an instrument of international law, **legally-binding on 196 countries**, including the 194 WHO MS. According to the provisions of the IHR, all signatories shall ensure the operation of surveillance systems and laboratories able to detect potential threats; the cooperation with other countries in the decision-making processes regarding public health emergencies; the reporting of specific diseases and any potential international public health emergencies, through participation in a network of National Focal Points; and the appropriate response to public health events<sup>21</sup>.

The [revised IHR](#) were adopted in 2005 at the WHA58 through [Resolution WHA58.3](#) and entered into force in 2007. In May 2014, the WHA amended Annex 7 of the IHR (2005) to extend the validity of yellow fever vaccination certificates from 10 years to lifelong. This change became legally binding for all IHR States Parties on 11 July 2016. In response to lessons from recent public health crises, including COVID-19, WHO Member States began a formal process in 2022 to amend the IHR (2005), which serve as the legally binding global framework for public health emergency preparedness and response. Over 300 amendments were proposed by 16 countries, addressing 33 of the 66 IHR articles and five of its nine annexes, with additional new articles and annexes proposed. Key proposed changes included enhancing data sharing (including genomic and microbial), digitalizing health documentation, improving notification procedures, and expanding the scope to include intermediate health alerts. Proposals also introduced new governance mechanisms and emphasize equity, human rights, and gender balance. These revisions aim to strengthen global coordination while preserving national sovereignty in public health decisions.

As to the proposed amendments submitted on behalf of the EU MS, these included the following:

IHR (2005)	Summary of proposed amendment
<b>Article 3</b>	Reference to the precautionary principle. In particular, Parties and WHO should exercise caution, in particular when dealing with unknown pathogens.
<b>Article 6</b>	Along with the existing provisions, the State Parties shall communicate to WHO epidemiological and clinical data, as well as microbial and genomic data in case of an event caused by an infectious agent; the health measures implemented and other related information as requested by WHO. Additionally, with the aim of fostering event-related research and assessment, WHO shall make the information received available to all Parties.
<b>Article 7</b>	Following a notification of an event caused by an infectious agent, a State Party shall make available to WHO the microbial and genetic material and samples related to the notified event, as appropriate, not later than a certain number of hours after such material and samples become available.
<b>Article 11</b>	Change of the title to 'Exchange of information'. WHO shall facilitate the exchange of information between States Parties and ensure that the Event Information Site For National IHR Focal Points offers a secure and reliable platform for information exchange among the WHO and State Parties and allows for interoperability with relevant data information systems.
<b>Article 12</b>	Along with the existing provisions on determination of a public health emergency of international concern, regional or intermediate public health emergency of international concern shall be included.
<b>Article 15</b>	Regarding temporary recommendations, these should be as evidence-based, concise and operational as possible, and refer to existing guidance and international technical standards, when appropriate.
<b>Article 23</b>	In addition to the existing provisions, documents containing information concerning traveller's destination should preferably be produced in digital form, with paper form as a residual option. The WHA may adopt the requirements that documents in digital or paper form shall fulfil, in cooperation with the International Civil Aviation Organization (ICAO) and other relevant organisations. Documents meeting such requirements shall be recognised and accepted by all Parties.

IHR (2005)	Summary of proposed amendment
<b>Article 35</b>	In addition to the existing provisions, health documents may be produced in digital or paper form, subject to the approval by the Health Assembly of the requirements that documents in digital form have to fulfil. Documents meeting such requirements shall be recognised and accepted by all Parties.
<b>Article 36</b>	Other types of proofs and certificates may be used by Parties to attest the holder's status as having a decreased risk of being the disease carrier, such proofs may include test certificates and recovery certificates.
<b>Article 43</b>	Along with the existing provisions, additional health measures shall be based on regular risk assessments, provide a proportionate response to the specific public health risks and be reviewed on a regular basis. Parties taking relevant measures shall ensure that such measures are compatible with measures taken by other Parties in order to avoid unnecessary interference with international traffic and trade while ensuring the highest achievable level of health protection.
<b>Article 44</b>	In addition to the existing provisions, WHO shall collaborate with State Parties, upon request, in strengthening regional planning, preparedness and response, in close cooperation with WHO Regional Offices and relevant international and regional organisations.
<b>Article 48</b>	Gender balance should be among the principles taken into consideration for the selection of members of the Emergency Committee by the Director-General.
<b>Article 49</b>	Additional information regarding the procedure, including a detailed agenda to be provided to the Emergency Committee and the Committee's responsibility to present its recommendations to relevant WHO bodies after the declaration of a public health emergency of international concern.
<b>New Article 54 bis</b>	Detailed rules regarding the promotion of the effective implementation of the IHR. Establishment of an expert committee, (the Special Committee on the IHR) with the aim of ensuring equitable regional representation and gender balance, and assist the Health Assembly.
<b>Annex 1(4)</b>	In addition to the existing provisions, microbial, epidemiological, clinical and genomic data shall be reported at the local community level and/or primary public health response level.
<b>Annex 6</b>	Promotion of the digitalisation of international certificates, as well as signatures and stamps in accordance with the IHR and specifications and requirements approved and reviewed periodically by the Health Assembly.

After extensive deliberations led by the Working Group on Amendments to the IHR, the amendments were formally adopted without objection on the last day of the 77<sup>th</sup> WHA on 1 June 2024. In accordance with Article 59 of the IHR, the amendments adopted by the 77<sup>th</sup> WHA through resolution [WHA77.17 \(2024\)](#) will come into force 12 months following the notification by the Director-General to all States Parties, which occurred on 19 September 2024. The amendments will, therefore, come into force on 19 September 2025.

With respect to the four States Parties (Iran, Netherlands, New Zealand, and Slovakia) that rejected the 2022 amendments, the amendments adopted by the 77<sup>th</sup> WHA will come into force 24 months after the 19 September 2024 notification by the DG to those States Parties, on 19 September 2026.

## WHO targets on communicable and non-communicable diseases

### 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, no country achieved the goal of reducing new infections by 75 % by 2020 and increases have been observed in countries of the WHO European Region. The EU/EEA MS have seen far fewer diagnosed new infections compared to the rest of the region. **Tuberculosis** has also clearly declined since 2000. However,

the world is currently not on track to reach global targets (90 % reduction in the number of deaths and an 80 % reduction in the incidence rate by 2030 compared with levels in 2015). The WHO European Region became the region with the lowest incidence of tuberculosis in 2017. The incidence of **malaria** in Europe is very low and almost all cases are 'imported'<sup>22</sup>. In European regions, the prevalence of **Hepatitis B** is relatively low compared to other regions, with 1.5 % of the adult population having acquired the virus, as a result of vaccination campaigns. **Poliomyelitis** appears to have been almost eradicated worldwide, except in Afghanistan, Malawi and Pakistan.

### Non-communicable diseases

According to WHO, 75 % of deaths worldwide (43 million persons annually) were caused by NCDs in 2021<sup>23</sup>, and 91% of deaths in the European Region in 2019<sup>24</sup>, 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 diets<sup>25</sup>. 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 targets<sup>26</sup>. The European Region **performed the best at reducing premature NCD mortality** (31 % between 2000 and 2019), particularly in the reduction of cardiovascular mortality<sup>27</sup>. 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.

### Overview of European Parliament's work and existing EU legislation

Below is an overview of the European Parliament (EP)'s work on the matters of the 78<sup>th</sup> WHA and, where relevant, existing EU legislation. 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 European Centre for Disease Prevention and Control and the European Medicines Agency in 2022, as steps towards a European Health Union. The new rules will support the prevention and control of infectious diseases and improve preparedness and response.

In 2022, the European Health Emergency Preparedness and Response Authority was set up to improve preparedness and response to serious cross-border threats in the area of medical countermeasures. 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 Rights<sup>28</sup>. In 2022, the EP [called](#) on the Commission and MS to “take swift action to ensure that persons with disabilities, including psychosocial disabilities, are provided with the same range, quality and standards of free or affordable healthcare and programmes that are provided to other persons, including access to sexual and reproductive health services and initiatives”.

## Chemicals and pollution

The EP played a key role in the development of the Registration, Evaluation, Authorisation and Restriction of **Chemicals** ([REACH](#)) Regulation, which established a new legal framework to regulate the development and testing, production, placing on the market and use of chemicals, and replaced around 40 previous legislative acts. It is being managed by the European Chemicals Agency. On October 14, 2020, the Commission published [a new chemical strategy](#) for sustainability. It is part of the EU's **zero-pollution goal**, which is a key commitment under the [European Green Deal](#). The strategy includes revising the REACH Regulation to prohibit the use of the most harmful chemicals in consumer products such as toys, childcare articles, cosmetics, detergents, food contact materials, and textiles unless proven to be necessary for society, and ensuring that all chemicals are used more safely and sustainably.

## Prevention and control of NCDs 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. 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](#). 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 supporting actions to prevent and combat cancer in the EU.

## Infection prevention and control

The EP has developed expertise in several fields of infection prevention and control, e.g. via the work and resolutions around the [European One Health Action Plan Against AMR](#) and the constitution of the MEP Interest Group on Antimicrobial Resistance.

## 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 ongoing [revision of the general pharmaceutical legislation](#) may see reinforcements to these rules. The file is now [in the hands of the Council](#).

## Medical devices nomenclature.

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.

- <sup>1</sup> Constitution of the World Health Organization (1946), Article 15, available at: <https://www.who.int/about/governance/constitution>.
- <sup>2</sup> Ibid, see Articles 13, 19, 21, and 23.
- <sup>3</sup> WHO, webpage 'Biography' of WHO's Director-General, available at: <https://www.who.int/director-general/biography>.
- <sup>4</sup> WHO, webpage 'Composition of the Board', available at: [https://apps.who.int/gb/gov/en/composition-of-the-board\\_en.html](https://apps.who.int/gb/gov/en/composition-of-the-board_en.html).
- <sup>5</sup> WHO, webpage 'World Health Assembly', available at: <https://www.who.int/about/governance/world-health-assembly>.
- <sup>6</sup> WHO, webpage 'Countries' available at: <https://www.who.int/countries/>.
- <sup>7</sup> WHO, webpage 'The European Union', available at: <https://www.who.int/about/funding/contributors/european-union>.
- <sup>8</sup> Philippines News Agency, 'PH nominated to lead World Health Assembly in 2025', 24 Oct. 2024, available at: <https://www.pna.gov.ph/articles/1236361>.
- <sup>9</sup> WHO, webpage 'Partners for health in the WHO European Region', available at: <https://www.who.int/europe/about-us/partnerships/the-eu-and-who-partners-for-global-health/partners-for-health-in-the-who-european-region>.
- <sup>10</sup> Ibid.
- <sup>11</sup> WHO, webpage 'Contributors', available at: <https://open.who.int/2024-25/contributors/top25>.
- <sup>12</sup> EC, 'Global Health: EU invests €125 million in universal health coverage in partnership with WHO', 30 Nov. 2022, available at: [https://ec.europa.eu/commission/presscorner/detail/en/IP\\_22\\_7287](https://ec.europa.eu/commission/presscorner/detail/en/IP_22_7287).
- <sup>13</sup> EC, 'Joint European Commission and World Health Organisation press release on extending strategic cooperation to deliver better health for all', 2 Dec. 2022, available at: [https://ec.europa.eu/commission/presscorner/detail/en/ip\\_22\\_7375](https://ec.europa.eu/commission/presscorner/detail/en/ip_22_7375).
- <sup>14</sup> EC, 'State of Health Preparedness Report 2023', 15 Dec. 2023, available at: <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A52023DC0792>.
- <sup>15</sup> WHO, 'WHO Member States conclude negotiations and make significant progress on draft pandemic agreement', 16 April 2025, available at: <https://www.who.int/news/item/16-04-2025-who-member-states-conclude-negotiations-and-make-significant-progress-on-draft-pandemic-agreement>.
- <sup>16</sup> United States Department of State, 'G7 Japan 2023 Foreign Ministers' Communiqué', 18 April 2023, available at: <https://www.state.gov/g7-japan-2023-foreign-ministers-communication/>.
- <sup>17</sup> Extended from 2023 to 2025 following a 2-year extension by WHO's Executive Board.
- <sup>18</sup> WHO, Factsheet 'Universal health coverage (UHC)', available at: [https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-\(uhc\)](https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-(uhc)).
- <sup>19</sup> 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.
- <sup>20</sup> Wemos, 'Zero-Draft Pandemic Accord: Promising for access to medicines, disappointing on adequate funding', 08 Feb. 2023, available at: <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, available at: <https://msfaccess.org/pandemic-accord-msfs-comments-equity-provisions-zero-draft>.
- <sup>21</sup> CDC, 'International Health Regulations', 15 May 2024, available at: <https://www.cdc.gov/global-health/topics-programs/ihr.html>; Opinio Juris, 'The Proposed Amendments to the International Health Regulations: An Analysis', 27 Feb. 2023, available at: <http://opiniojuris.org/2023/02/27/the-proposed-amendments-to-the-international-health-regulations-an-analysis/>.
- <sup>22</sup> ECDC, Malaria – Annual Epidemiological Report 2020, 10 Jan. 2023, available at: <https://www.ecdc.europa.eu/en/publications-data/malaria-annual-epidemiological-report-2020>.
- <sup>23</sup> WHO, webpage 'Non-communicable diseases', available at: <https://www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases>.
- <sup>24</sup> EC, 'EU burden from non-communicable diseases and key risk factors', 6 Mar. 2024, available at: [https://knowledge4policy.ec.europa.eu/health-promotion-knowledge-gateway/eu-burden-non-communicable-diseases-key-risk-factors\\_en](https://knowledge4policy.ec.europa.eu/health-promotion-knowledge-gateway/eu-burden-non-communicable-diseases-key-risk-factors_en).
- <sup>25</sup> WHO, webpage 'Non-communicable diseases: Risk factors and conditions', available at: <https://www.who.int/data/gdo/data/themes/topics/noncommunicable-diseases-risk-factors>.
- <sup>26</sup> 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.
- <sup>27</sup> WHO, webpage 'World Health Statistics 2025', available at: <https://www.who.int/news/item/20-05-2022-world-health-statistics-2022>.
- <sup>28</sup> EPRS, 'Addressing health inequalities in the European Union'. 19 Feb. 2020, available at: [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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Administrator responsible: Christian KURRER      Editorial assistant: Marleen LEMMENS  
Contact: [ecti-poldep-b@europarl.europa.eu](mailto:ecti-poldep-b@europarl.europa.eu)

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