

Provisional summary record of the seventh meeting

**WHO headquarters, Geneva
Thursday, 5 February 2026, scheduled for 10:00**

Chair: Mr B. Comley (Australia)

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Seventh meeting

Thursday, 5 February 2026, at 10:05

Chair: Mr B. Comley (Australia)

Protect health

1. **Health conditions in the occupied Palestinian territory, including east Jerusalem:** Item 21 of the agenda (document EB158/25)

The CHAIR invited the Board to consider the report contained in document EB158/25 and to provide guidance on the question contained in paragraph 22 of that document. He drew attention to a draft resolution, which contained a draft resolution to be submitted to the Seventy-ninth World Health Assembly, on health conditions in the occupied Palestinian territory, including east Jerusalem, proposed by Brazil, Egypt, Kuwait, Pakistan, Palestine, Qatar and Saudi Arabia, which read:

The Executive Board,

Having considered the report by the Director-General,¹

RECOMMENDS that the Seventy-ninth World Health Assembly adopt, mutatis mutandis, the resolution EBSS7.R1 (2023) as is, other than the following textual revisions:

(1) In operative paragraph 5(a) to replace the phrase “submit recommendations in this regard to the 158th session of the Executive Board and to the next meeting of the Standing Committee on Health Emergency Prevention, Preparedness and Response, and to the Seventy-eighth World Health Assembly” with “submit recommendations in this regard to the 160th session of the Executive Board and to the eighth meeting of the Standing Committee on Health Emergency Prevention, Preparedness and Response, and to the Eightieth World Health Assembly”;

(2) In operative paragraph 5(b) to replace the phrase “prior to the Seventy-ninth World Health Assembly” with “prior to the Eightieth World Health Assembly”.

The financial and administrative implications for the Secretariat of its adoption were:

A. Link to the approved Programme budget 2026–2027

1. **Output(s) in the approved Programme budget 2026–2027 under which this draft resolution would be implemented if adopted:**
 - 2.2.1. WHO develops norms, standards and technical packages to address risk factors for communicable and noncommunicable diseases, violence and injuries, prevent poor nutrition and strengthen food safety and reduce environmental health risks, and supports countries in their implementation, including in the monitoring and development of legislation and regulations

¹ Document EB158/25.

4.2.2. WHO provides guidance and technical assistance to strengthen and sustain quality immunization services, including for poliomyelitis, especially for unvaccinated and undervaccinated persons

5.2.3. WHO provides technical expertise and operational support to strengthen and scale clinical care for emergencies, including infection prevention and control measures to protect health workers and patients

6.1.1. WHO strengthens surveillance and alert systems, including diagnostics and laboratory capacities, for the effective monitoring of public health threats and the rapid detection, verification, risk assessment and grading of public health events

2. Short justification for considering the draft resolution, if there is no link to the results as indicated in the approved Programme budget 2026–2027:

Not applicable.

3. Any additional Secretariat work during the biennium 2026–2027 that cannot be accommodated within the approved Programme budget 2026–2027 ceiling:

Not applicable.

4. Estimated time frame (in years or months) to implement the resolution:

One year (January 2026–December 2026).

B. Budget and resource implications for the Secretariat for implementation of the resolution

1. Total planned costs required to implement the resolution, in US\$ millions:

US\$ 333.20 million.

2.a. Estimated planned costs required that can be accommodated within the approved Programme budget 2026–2027 ceiling, in US\$ millions:

Zero. This resolution would be implemented through the emergency operations and appeals budget segment.

2.b. Estimated planned costs required in addition to those already budgeted for in the approved Programme budget 2026–2027, in US\$ millions:

US\$ 333.20 million.

3. Estimated planned costs required to be budgeted for in the proposed programme budget for 2028–2029, in US\$ millions:

Not applicable.

4. Estimated planned costs required to be budgeted for in the proposed programme budgets of future bienniums, in US\$ millions:

Not applicable.

5. Level of financial resources already available to fund the implementation of the resolution in the current biennium, in US\$ millions

– Financial resources available to fund the resolution in the current biennium:

US\$ 82.70 million.

– Remaining financing gap in the current biennium:

US\$ 250.50 million.

– Estimated financial resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium:

Pledges are in the pipeline; fundraising is continuing.

Table. Breakdown of estimated resource requirements (in US\$ millions)

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
B.2.a. 2026–2027 cost of resources already planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
B.2.b. 2026–2027 cost of additional resources	Staff	0.00	0.00	0.00	0.00	27.00	0.00	1.10	28.10
	Activities	0.00	0.00	0.00	0.00	303.00	0.00	2.10	305.10
	Total	0.00	0.00	0.00	0.00	330.00	0.00	3.20	333.20
B.3. 2028–2029 cost of resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
B.4. Future bienniums cost of resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
B.1. Total planned costs required to implement the resolution									333.20

The CHAIR also drew attention to an amendment to that draft resolution, proposed by Israel, which read:

The Executive Board,

Having considered the report by the Director-General,²

RECOMMENDS that the Seventy-ninth World Health Assembly adopt, mutatis mutandis, the resolution EBSS7.R1 (2023) as is, other than the following textual revisions:

~~(3) — In operative paragraph 5(a) to replace the phrase “submit recommendations in this regard to the 158th session of the Executive Board and to the next meeting of the Standing Committee on Health Emergency Prevention, Preparedness and Response, and to the Seventy-eighth World Health Assembly” with “submit recommendations in this regard to the 160th session of the Executive Board and to the eighth meeting of the Standing Committee on Health Emergency Prevention, Preparedness and Response, and to the Eightieth World Health Assembly”;~~

~~(21) In operative paragraph 5(b) to replace the phrase “prior to the Seventy-ninth World Health Assembly” with “prior to the Eightieth World Health Assembly”.~~

² Document EB158/25.

The financial and administrative implications for the Secretariat of its adoption were:

A. Link to the approved Programme budget 2026–2027

1. **Output(s) in the approved Programme budget 2026–2027 under which this draft resolution would be implemented if adopted:**
 - 2.2.1. WHO develops norms, standards and technical packages to address risk factors for communicable and noncommunicable diseases, violence and injuries, prevent poor nutrition and strengthen food safety and reduce environmental health risks, and supports countries in their implementation, including in the monitoring and development of legislation and regulations
 - 4.2.2. WHO provides guidance and technical assistance to strengthen and sustain quality immunization services, including for poliomyelitis, especially for unvaccinated and undervaccinated persons
 - 5.2.3. WHO provides technical expertise and operational support to strengthen and scale clinical care for emergencies, including infection prevention and control measures to protect health workers and patients
 - 6.1.1. WHO strengthens surveillance and alert systems, including diagnostics and laboratory capacities, for the effective monitoring of public health threats and the rapid detection, verification, risk assessment and grading of public health events
2. **Short justification for considering the draft resolution, if there is no link to the results as indicated in the approved Programme budget 2026–2027:**
Not applicable.
3. **Any additional Secretariat work during the biennium 2026–2027 that cannot be accommodated within the approved Programme budget 2026–2027 ceiling:**
Not applicable.
4. **Estimated time frame (in years or months) to implement the resolution:**
One year (January 2026–December 2026).

B. Budget and resource implications for the Secretariat for implementation of the resolution

1. **Total planned costs required to implement the resolution, in US\$ millions:**
Zero.
- 2.a. **Estimated planned costs required that can be accommodated within the approved Programme budget 2026–2027 ceiling, in US\$ millions:**
Zero.
- 2.b. **Estimated planned costs required in addition to those already budgeted for in the approved Programme budget 2026–2027, in US\$ millions:**
Zero.
3. **Estimated planned costs required to be budgeted for in the proposed programme budget for 2028–2029, in US\$ millions:**
Not applicable.
4. **Estimated planned costs required to be budgeted for in the proposed programme budgets of future bienniums, in US\$ millions:**
Not applicable.
5. **Level of financial resources already available to fund the implementation of the resolution in the current biennium, in US\$ millions**
 - **Financial resources available to fund the resolution in the current biennium:**
Not applicable.
 - **Remaining financing gap in the current biennium:**
Not applicable.
 - **Estimated financial resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium:**
Not applicable.

The representative of SAUDI ARABIA, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that more than 70 000 people had been killed during the conflict in the Gaza Strip, and a quarter of those injured would need long-term rehabilitation. Some 4000 children with life-threatening conditions were awaiting medical evacuation, and thousands of children under 5 years of age were at risk of acute malnutrition. Since October 2023, 1900 Israeli attacks on healthcare facilities had been documented throughout the occupied Palestinian territory, and more than 1700 health workers had been killed, detained or injured. Access to humanitarian aid remained severely constrained; fewer than half of the agreed number of aid trucks had entered the Gaza Strip since the October 2025 ceasefire – which had been repeatedly violated – and the work of international organizations was being hindered. More than 80% of infrastructure in the Gaza Strip had been damaged, leaving the population without heating or sanitation and increasing the risk of disease outbreaks. The international community must put pressure on Israel to respect international humanitarian law and allow the unimpeded delivery of humanitarian aid.

The representative of BULGARIA, speaking on behalf of the European Union and its Member States, said that the candidate countries North Macedonia, Montenegro, Albania, Ukraine, the Republic of Moldova and Georgia, the European Free Trade Association country Iceland, member of the European Economic Area, as well as Armenia, aligned themselves with his statement. The commitment, dedication and tireless work of WHO's team in the occupied Palestinian territory was appreciated. He welcomed the recent scaling-up of WHO's operations, emphasizing the importance of ensuring access to healthcare, including mental health and psychosocial support; protecting patients, health workers, medical facilities and transportation; and addressing malnutrition and communicable disease outbreaks. Safe and unhindered humanitarian access and sustained distribution of humanitarian aid throughout the Gaza Strip must be ensured immediately. The indispensable work of the United Nations, its specialized agencies and relevant international nongovernmental organizations in providing medical services must be facilitated in line with humanitarian principles. Medical evacuations of patients from the Gaza Strip should be facilitated, including by opening additional evacuation routes, granting access to hospitals in east Jerusalem and the West Bank and enabling patients to return voluntarily to the Gaza Strip. The European Union had mobilized €1.7 billion in humanitarian assistance for the Palestinian people since 2023 and stood ready to work with partners in implementing President Donald J. Trump's Comprehensive Plan to End the Gaza Conflict, in accordance with United Nations Security Council Resolution 2803 (2025).

The representative of SPAIN expressed support for the staff of WHO and other humanitarian organizations proving support to the Palestinian people in adverse conditions. He strongly condemned the human and material toll that had resulted from indiscriminate attacks against civilians and healthcare infrastructure in flagrant violation of international humanitarian law. His Government had supported medical evacuation programmes and had provided financial support to WHO's work in strengthening emergency medical teams. He urged other countries to increase their contribution to alleviate health services in the Gaza Strip. He endorsed the recommendations for improving health conditions in the occupied Palestinian territory, including east Jerusalem, contained in the report and called for all stakeholders, especially UNRWA, to be included in the process of reconstruction and the provision of aid. The recent attacks on UNRWA facilities by the Israeli security forces were an unacceptable violation of its privileges and immunities as a United Nations specialized agency. He reiterated his Government's support for UNRWA and its critical mandate. The Government of Spain was committed to lasting peace in the region, which required the implementation of a two-State solution.

The representative of BRUNEI DARUSSALAM expressed her Government's unwavering solidarity with the Palestinian people, who continued to endure immense suffering as a result of protracted occupation, violence and instability. Repeated attacks on healthcare facilities, shortages of medical supplies, the degradation of healthcare infrastructure and service disruptions compounded the humanitarian catastrophe and undermined international humanitarian law and the fundamental right to health. Immediate, safe, sustained and unhindered humanitarian access, including for medical assistance, must be ensured. All parties concerned must cease acts of violence and hostilities, ensure the protection of civilians, patients and health personnel, and safeguard health facilities and medical transport. Humanitarian assistance must be coupled with meaningful action to address the root causes of the crisis. She supported the recommendations set out in the report and called on the international community to act urgently to protect life and health, alleviate suffering and support the restoration of essential health services.

The representative of LEBANON said that the severity of the public health consequences of the humanitarian crisis in the occupied Palestinian territory, including east Jerusalem, was profoundly alarming. Attacks on health facilities and personnel, obstruction of humanitarian access, and severe restrictions on medical evacuations undermined the right to health and constituted serious violations of international humanitarian law. The collapse of the Palestinian health system, coupled with critical shortages of medicines, fuel, food and clean water, would have long-term consequences for the health of civilians, particularly women and children. She supported the recommendations contained in the report and called on the international community to redouble pressure on Israel to halt its violations, uphold the ceasefire and allow unhindered humanitarian access to the Gaza Strip.

The representative of AUSTRALIA expressed appreciation for WHO's efforts to address urgent health needs in challenging circumstances. Her Government was aiding recovery in the Gaza Strip through ongoing humanitarian support. She welcomed the adoption of United Nations Security Council Resolution 2803 (2025) and announcement of the launch of the second phase of the Comprehensive Plan to End the Gaza Conflict. She urged all countries to uphold the ceasefire and work towards implementing the Comprehensive Plan in full. Sustained and unimpeded humanitarian aid must reach those in need, and humanitarian workers must be protected. Hamas must have no role in the future of Palestine.

The representative of ISRAEL said that his Government had continued to facilitate medical assistance and patient evacuations since 2023; any delays in evacuations were attributable to the receiving side. The report did not meaningfully contribute to improving the situation in the Gaza Strip, since its focus on the first half of 2025 did not accurately reflect the current situation and thus fuelled politicized discussion. Following recent positive developments, attention should be turned to demilitarization, deradicalization and reconstruction in the Gaza Strip. The submission of the draft resolution appeared to be an attempt to politicize the Board's work, which was particularly troubling in the light of the financial crisis facing WHO. The Organization should focus on its core public health mandate.

The representative of NORWAY said that all parties must respect the ceasefire agreement and ensure that life-saving aid reached all who needed it. The difficult situation faced by the civilian population of the Gaza Strip were being worsened by the winter weather conditions. She commended the efforts of WHO and other humanitarian actors to alleviate suffering in the Gaza Strip. Israel, as the occupying power, had the obligation to allow unhindered access to the Gaza Strip for aid and aid workers, and United Nations and international humanitarian organizations must be allowed to operate in the Gaza Strip. She urged Israel to respect the mandate of UNRWA

and allow the organization to provide services to the Palestinian people. She underscored the urgent need to provide safe spaces and adequate medical supplies and called for patients requiring treatment in east Jerusalem and Ramallah to be permitted to leave and re-enter the Gaza Strip. A key remaining challenge was securing the entry of dual-use spare parts into the Gaza Strip to repair essential infrastructure, including water, sanitation and hygiene facilities.

The representative of SAUDI ARABIA, speaking in her national capacity, expressed appreciation to WHO and other humanitarian organizations for their efforts on the ground. The deteriorating situation in the Gaza Strip was deeply concerning. Acute shortages of life-saving supplies and delayed delivery of essential materials exacerbated health risks at a time of mass displacement, widespread hunger and disease outbreaks. The international community must compel Israel, the occupying power, to allow the immediate and unimpeded delivery of humanitarian aid to the Gaza Strip, the rehabilitation of infrastructure and hospitals, and the opening of the Rafah crossing in both directions. Addressing health and humanitarian conditions in the occupied Palestinian territory, including east Jerusalem, was integral to guaranteeing the Palestinians' legitimate right to live in dignity in an independent Palestinian State based on the 1967 borders, with east Jerusalem as its capital.

The representative of the CENTRAL AFRICAN REPUBLIC, speaking on behalf of the Member States of the African Region, commended the response of WHO and partners to the exceptional humanitarian crisis. Protection of health workers, patients, hospitals and medical transportation was a fundamental pillar of international law and must be respected in all circumstances. Welcoming the ceasefire, he called for the establishment of permanent humanitarian mechanisms to ensure rapid evacuation of patients in critical conditions, especially children; strengthening of WHO-coordinated mechanisms for monitoring and reporting attacks against healthcare; provision of psychosocial support and protection to health workers; guaranteed continuity of care through the regular supply of essential medicines, fuel, medical oxygen and critical consumables; and protection of medical vehicles, including the creation of a secure, coordinated medical transportation system supported by the international community. He underscored the need for a structured health recovery plan led by WHO in close collaboration with the Palestinian health authorities. The Board was urged to follow up with tangible, coordinated action to protect lives, safeguard the health system and create credible conditions for health recovery.

The representative of the DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA denounced Israel's actions, which were worsening the humanitarian crisis in the Gaza Strip. Israel must immediately stop illegal attacks against civilians and health facilities and withdraw completely from the Gaza Strip. All restrictions on humanitarian aid supplies, including medicines and food, must be lifted without delay. He supported the recommendations contained in the report.

The representative of JAPAN said that the ceasefire, the increased delivery of humanitarian supplies and the return of all hostages indicated significant progress. The international community must work together to sustain the ceasefire and ensure steady progress in the recovery and reconstruction of the Gaza Strip through stabilization and establishment of civil governance. In the light of the deteriorating health situation in the occupied Palestinian territory, his Government had provided financial assistance for a project carried out in collaboration with WHO and had recently approved a further aid package that included funding and supplies to support the recovery of the Palestinian health sector. His Government was committed to actively supporting the Middle East peace process to ensure implementation of the Comprehensive Plan to End the Gaza Conflict and progress towards a two-State solution.

The representative of SOMALIA expressed profound concern over the catastrophic health and humanitarian situation in the occupied Palestinian territory, including east Jerusalem. The sharp rise in acute malnutrition, particularly among women and children, underscored the need for sustained and unhindered humanitarian access. Health workers, patients and medical facilities and transportation must be protected. Essential health and nutrition services – including trauma care, nutrition, mental health and psychosocial support services and access to safe water – must be restored and scaled up without delay. All parties were urged to uphold international humanitarian law, ensure safe and unimpeded access to humanitarian and medical assistance, and facilitate urgent medical evacuation. Commending WHO's leadership in constrained circumstances, he called for sustained international solidarity and coordination to ensure early recovery and long-term health system restoration in the occupied Palestinian territory.

The representative of EGYPT rejected the allegations made by the representative of Israel regarding his Government's role in humanitarian evacuations from the Gaza Strip, which represented a deliberate attempt to deflect from the occupying power's own responsibility for the catastrophic tragedy that it had created. His Government had consistently facilitated humanitarian access and medical evacuations in accordance with international law and national sovereignty. The country's border had remained open for humanitarian aid, medical transfers and relief operations despite the destruction, insecurity and operational barriers caused by ongoing military operations conducted by Israel. The main obstacle to safe evacuation was the indiscriminate bombardment, attacks on health infrastructure and obstruction of humanitarian corridors by Israel. Under international law, Israel, as the occupying power, bore full legal responsibility for civilian welfare in the Gaza Strip, including ensuring access to medical care, safe passage and the protection of health facilities.

The representative of QATAR said that repeated military attacks by Israel against civilians, health facilities and health workers and discriminatory restrictions on freedom of movement and access to health services were among the key causes of deteriorating health conditions in the occupied Palestinian territory, including east Jerusalem. The population in the Gaza Strip was experiencing the impact of a blockade, engineered famine and the denial of health facilities and medicines, which was leading to the collapse of the health system. Israel, the occupying power, continued to ignore United Nations resolutions, prevent medical and humanitarian access, deny healthcare to detainees, target health workers and ambulances, and restrict the movement of patients. The draft resolution would support international efforts to ensure the continuity of basic health services and restore the health system.

The representative of KUWAIT,³ voicing deep concern at the continuing deterioration of health conditions in the occupied Palestinian territory, said that the occupying power's attacks on healthcare constituted a grave violation of international humanitarian law, in particular the principle of protection of civilians and medical facilities. He called for a permanent ceasefire and safe, unimpeded humanitarian access. Commending WHO's pivotal role in coordinating the humanitarian health response, he urged the international community to provide sustainable financial and logistical support for essential services. His Government stood ready to work with WHO to protect the Palestinian health system and ensure accountability.

The Observer of PALESTINE called for the implementation of the recommendations contained in the report. According to the United Nations High Commissioner for Human Rights, Israel had killed at least 1581 health workers, had completely or partially destroyed 95% of

³ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

hospitals and had attacked more than 200 ambulances. Some 18 500 patients were awaiting medical evacuation, but only about five evacuations were permitted each day. Israel had caused the situation, and the comments made by the representative of Israel should be challenged.

The representative of TÜRKİYE⁴ expressed support for the original draft resolution and requested to be added to the list of sponsors. Collective efforts were needed to address the health and humanitarian crisis in the Gaza Strip, which was the result of prolonged restrictions, repeated attacks by Israel on health infrastructure, and limitations imposed on access to medical services. Recovery efforts must begin without delay, and the opening of the Rafah border crossing should be extended to allow the immediate entry of humanitarian aid and essential supplies. Her Government remained committed to supporting international efforts to alleviate suffering, including by dispatching container housing units. UNRWA played an indispensable role in providing critical health and education services and must be supported by all partners. The ceasefire must be sustained and strengthened.

The representative of PAKISTAN,⁴ speaking on behalf of the members of the Organisation of Islamic Cooperation, condemned the deliberate devastation of the health system in the occupied Palestinian territory resulting from Israel's actions in violation of international law. Famine, acute malnutrition, unsafe water and failing sanitation systems were leading to preventable disease outbreaks and deaths, especially among children, pregnant women and the elderly. The original draft resolution should be adopted without the amendment proposed by the representative of Israel. WHO should strengthen its reporting on the health conditions in the occupied Palestinian territory to ensure an accurate assessment of health needs and an effective response on the ground and hold the Government of Israel to account. Full, safe and unhindered humanitarian and medical access to the Gaza Strip must be provided, including the opening of humanitarian corridors and urgent provision of essential supplies to support health and humanitarian operations. He reaffirmed his organization's unequivocal support for the Palestinian people's legitimate rights, including their inalienable right to self-determination and the realization of an independent State based on the pre-1967 borders, with Al-Quds al-Sharif as its capital.

The representative of ALGERIA⁴ commended WHO's operational response to the severe public health emergency in the occupied Palestinian territory and supported the recommendations contained in the report. The only solution to the Palestinian question was to ensure the legitimate rights of the Palestinian people, including the right to self-determination and the establishment of an independent State with Al-Quds as its capital.

The representative of the ISLAMIC REPUBLIC OF IRAN⁴ noted the lack of meaningful improvement in the situation in the occupied Palestinian territory, including east Jerusalem. He condemned the Israeli regime for violations committed against the Palestinian people, drawing attention to reports of killings of Palestinians in the period since the October 2025 ceasefire agreement, the demolition of the UNRWA compound by Israel and the application of discriminatory policies in the West Bank. The situation in the Gaza Strip was an egregious violation of international law and represented a tragedy for all humanity.

The representative of MALAYSIA⁴ expressed deep regret for the lives lost and the severe health and humanitarian crisis in the occupied Palestinian territory. All parties must take immediate and concrete steps to improve healthcare conditions in the territory, including upholding international humanitarian and human rights law and the right to self-determination.

⁴ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

She urged an immediate cessation of all aggression, the restoration of an adequate public health system, and a sustainable and lasting peace in the occupied Palestinian territory, including east Jerusalem.

The representative of FRANCE⁵ said that the response to the needs of the population of the Gaza Strip was insufficient. Israel must urgently remove all barriers to humanitarian access, and the United Nations and nongovernmental organizations must be able to operate in an independent and impartial manner throughout the Gaza Strip in accordance with international humanitarian law. He expressed full support for WHO's efforts in the Gaza Strip and the West Bank and welcomed efforts to restore essential healthcare services, noting that his Government had provided €2 million for malnutrition screening and management. The return of the remains of the last Israeli hostage held by Hamas should pave the way to full engagement in the second phase of the Comprehensive Plan to End the Gaza Conflict and, ultimately, lasting peace.

The representative of the UNITED ARAB EMIRATES⁵ said that safeguarding the right to health, alleviating civilian suffering and ensuring access to medical services were shared humanitarian responsibilities that must be addressed without delay. Her Government had delivered a broad humanitarian response to the situation, particularly in the health sector, including through the provision of field hospitals in the Gaza Strip and the deployment of a floating hospital off the coast of Egypt.

The representative of BRAZIL⁵ said that all parties must respect and enforce international humanitarian law and human rights. He supported WHO's efforts to restore life-saving services and stressed the urgent need to protect and rebuild health facilities, address malnutrition, facilitate medical evacuations and ensure that nongovernmental organizations and emergency medical teams could continue their vital work. The proposed expansion of mental health and psychological support for affected populations was also appreciated. Only a political solution grounded in international law and based on a two-State solution – including an independent, sovereign and viable Palestinian State and full respect for the Palestinian people's right to self-determination – could deliver sustainable peace.

The representative of INDONESIA⁵ expressed concern at the health situation in the occupied Palestinian territory, in particular in the Gaza Strip. There could be no public health without peace; the occupation must end. He condemned Israel's repeated violation of the ceasefire in the Gaza Strip and the attack against UNRWA premises. The international community must pave the way towards a two-State solution. He supported WHO's role in humanitarian response and called for the unimpeded delivery of aid. WHO must continue reporting on health conditions in the occupied Palestinian territory to assess needs, guide the response and ensure accountability.

The representative of SOUTH AFRICA⁵ welcomed the restoration of services at a number of health service points in the Gaza Strip. Severe child malnutrition and continued deaths of patients awaiting evacuation were concerning; resources should be made available for urgent medical care. Although the ceasefire was welcome, it must be followed by a definitive political process that addressed the right of the Palestinian people to self-determination and statehood. He expressed support for the original draft resolution.

⁵ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The representative of CHINA⁶ supported the original draft resolution. Despite the conclusion of the first phase of the ceasefire agreement, peace remained elusive. He expressed support for the efforts of WHO, UNRWA and other humanitarian actors to provide food, medical care and educational assistance to people in the Gaza Strip. He called for the opening of all border crossings and removal of restrictions on humanitarian assistance to the Gaza Strip, and he noted that his Government had pledged US\$ 100 million to support rebuilding and recovery. His Government stood ready to work with the international community to promote a comprehensive and lasting ceasefire and advance towards a two-State solution.

The representative of IRELAND⁶ welcomed efforts to implement the second phase of the Comprehensive Plan to End the Gaza Conflict and expressed concern at continued inadequate access to food, shelter, healthcare and sanitation in the Gaza Strip. Restrictions at the Rafah border crossing were having a severe impact on aid delivery; Israel must immediately remove restrictions to facilitate the delivery of essential supplies and services to reach people throughout the Gaza Strip. Her Government was committed to working towards sustainable peace through a two-State solution.

The representative of HUNGARY⁶ said that, since the report lacked statistical data beyond September 2025, it did not provide a meaningful assessment of the impact of the ceasefire; the change in circumstances since then was reflected only in the recommendations. She expressed full support for the Comprehensive Plan to End the Gaza Conflict, welcomed the launch of the second phase and called on the international community to support the Comprehensive Plan and respect Israel's legitimate security interests. She supported the amendment to the draft resolution proposed by the representative of Israel.

The representative of TUNISIA,⁶ commending WHO's efforts to respond to the health emergency in the occupied Palestinian territory, affirmed that documenting attacks on health facilities and personnel was within the Organization's constitutional mandate, especially given the complete collapse of the health system in the Gaza Strip. The Board must take urgent action to strengthen WHO's work in the occupied Palestinian territory and hold the occupying power to account, in accordance with international humanitarian law. The worsening situation could only be resolved by respecting the ceasefire, ensuring the immediate and unhindered delivery of humanitarian assistance to the Palestinian people and guaranteeing their inalienable right to self-determination and statehood.

The representative of CANADA⁶ said that, despite the limited improvements since the Gaza ceasefire, her country remained alarmed by the catastrophic humanitarian situation and ongoing impediments to the delivery of life-saving assistance in the Gaza Strip and escalating humanitarian needs in the West Bank. She acknowledged the Director-General's recommendation reflecting the range of critical issues that were undermining the health sector in Palestine, from severe acute malnutrition, trauma and mass casualty management and psychosocial support. She called on the Government of Israel to reverse its policy on de-registration of international nongovernmental organizations and its policies intended to undermine the work of the United Nations throughout Palestine; and also urged Israel to facilitate rapid, sustained and unimpeded humanitarian access to Gaza; and cease the continued denial of critical supplies under the so-called dual-use restrictions. The Rafah border crossing must remain open without undue restrictions to enable freedom of movement for Palestinians. She commended WHO for delivering life-saving interventions.

⁶ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The representative of NAMIBIA⁷ condemned the actions of Israel, including its devastating attacks on healthcare facilities in violation of international humanitarian law, which had devastated an already fragile health system. Welcoming the ceasefire, he called for an immediate end to the illegal occupation; binding security guarantees to protect health workers, health facilities and humanitarian actors; immediate and unhindered entry of fuel and medical supplies to restore hospital functionality; and the establishment of a protected humanitarian corridor for urgent medical evacuations.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND⁷ said that urgent, collective action was required to address the situation in the Gaza Strip, noting that conditions remained life-threatening for the population. She called on all parties to uphold the ceasefire, ensure the safe and unhindered flow of humanitarian access and protect health workers and medical facilities. The Government of Israel must lift restrictions on aid, allow essential medical supplies and fuel into the Gaza Strip, and ensure that United Nations organizations and nongovernmental organizations could operate effectively and safely. The Board was urged to support the recommendations contained in the report and sustain the collective effort needed to re-establish a functioning health system for Palestinians.

The representative of OMAN,⁷ denouncing the flagrant violations against Palestinians, said that the collapse of the health system, attacks on healthcare and the obstruction of access to basic health services inside and outside the occupied Palestinian territory had generated a health crisis. The protection of civilians, healthcare personnel and facilities and the provision of unimpeded access to medical services were legal obligations. The vital role of WHO and other United Nations organizations in monitoring the situation and providing technical support and effective health responses was appreciated.

The representative of PAKISTAN⁷ condemned Israel's continuous assault on health infrastructure in Palestine, particularly in the Gaza Strip. The targeting of ambulances, patients, and medical and humanitarian workers represented flagrant contempt for international humanitarian law. Immediate, safe and unhindered humanitarian access to the Gaza Strip must be urgently granted, and Israel must be held to account for the collective punishment of the Palestinian people. He reaffirmed his Government's support for Palestinian self-determination and the establishment of an independent, contiguous State based on the pre-1967 borders, with Al-Quds al-Sharif as its capital.

The representative of BANGLADESH⁷ asked for his Government to be added to the list of sponsors of the original draft resolution and called for the urgent implementation of the recommendations contained in the report. He expressed grave concern over the catastrophic health crisis in the Gaza Strip, noting in particular that the devastation of mental health infrastructure had left traumatized children without access to mental health support. He condemned the attacks on health facilities and personnel in the Gaza Strip by Israel, which constituted a serious violation of international humanitarian law, and called for safe and unhindered access to health services in the Gaza Strip.

The representative of YEMEN⁷ said that the systematic targeting of health infrastructure in the Gaza Strip and the imposition of restrictions in the West Bank and east Jerusalem constituted flagrant violations of international humanitarian law. He called for the lifting of the blockade, the granting of access to medical treatment, including medical evacuation, and support for the

⁷ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

reconstruction of the health system. The international community must demonstrate its credibility and uphold the right to health for all.

The representative of COLOMBIA⁸ expressed concern at the collapse of the health system in the Gaza Strip, the declaration of famine, worsening child malnutrition and the resulting impact on mental health, especially among children and young people. She reiterated her Government's solidarity with Palestine and its willingness to support all efforts towards peace and reconstruction in the Gaza Strip. She welcomed WHO's efforts to provide support in a challenging environment and supported the recommendations contained in the report.

The representative of PUBLIC SERVICES INTERNATIONAL, speaking at the invitation of the CHAIR, called on Member States to address the catastrophic humanitarian crisis in Palestine with firm resolve. Health services could not be delivered in a place where nearly all health facilities had been damaged. The famine and starvation of children in the territory were unacceptable. He urged Member States to make adequate financial contributions to close the 82% funding gap in WHO's emergency response to the situation. The targeting of health workers must cease, and Member States must call for the immediate release of those who had been detained. He encouraged WHO to collaborate with Palestinian health worker unions in its work in the occupied Palestinian territory.

The EXECUTIVE DIRECTOR (Health Emergencies, Preparedness and Response), welcoming the comments and suggestions, said that, since the October 2025 ceasefire, WHO and its partners had worked hard on the coordinated delivery of essential health services. Six hospitals and 22 primary healthcare centres had regained some functionality and were providing trauma and surgical care, maternal and child health services and chronic disease management. However, no hospital anywhere in the Gaza Strip was fully functional, and none were operating in the northern area. WHO and partners had continued to conduct routine immunization catch-up campaigns for children under 3 years of age. As at 27 January 2026, 27 000 children had been vaccinated, with further vaccination campaigns planned for March and April 2026.

The deregistration of international nongovernmental organizations continued to pose critical operational risks. By the end of February 2026, 22 of WHO's 68 active partners would have been affected, affecting 14% of health services in the Gaza Strip. UNRWA continued to provide more than 50% of primary healthcare consultation but faced additional legislative challenges. Since October 2023, more than 10 000 patients had been evacuated from the Gaza Strip and more than 18 500 patients still required evacuation, including 4000 cancer patients. Although the most recent Integrated Food Security Phase Classification analysis had confirmed that famine conditions were no longer present following the ceasefire, severe malnutrition continued to place pressure on treatment services, with 1000 children under 5 years of age admitted to severe malnutrition stabilization centres in 2025. WHO would continue working with its partners to support health and healthcare provision for the people in the occupied Palestinian territory, including east Jerusalem, and would strive to facilitate the pending medical evacuations and ultimately support the rehabilitation of the health system in the Gaza Strip.

The representative of EGYPT queried whether the proposed amendment to the draft resolution would be included in the report.

⁸ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The LEGAL COUNSEL explained that it was not the role of the Board to amend Secretariat reports. The Board was simply asked to note the report.

The representative of PAKISTAN⁹ asked whether, in addition to the report, the draft resolution and the proposed amendment to that draft resolution were also being considered at the current stage.

The LEGAL COUNSEL further clarified that the Board would first decide whether to note the report. It would then decide whether, or not, to adopt the proposed amendment to the draft resolution. Depending on the outcome, the draft resolution, as tabled or as amended, would then be considered.

The CHAIR took it that the Board was ready to note the report contained in document EB158/25.

The Board noted the report.

The CHAIR, turning to the amendment to the draft resolution proposed by the representative of Israel, said that it was clear from the discussion that consensus was unlikely at the current stage. He asked the Legal Counsel to advise on next steps and the impact of adopting the proposed amendment to the draft resolution.

The LEGAL COUNSEL said that, in the absence of consensus, the Board should proceed to a vote on the proposed amendment to the draft resolution, in accordance with Rule 43 of the Rules of Procedure of the Executive Board. The original proposal had been to adopt, *mutatis mutandis*, resolution EBSS7.R1 (2023) with updated session numbers for the reporting requirement. If the proposed amendment were adopted, however, those updates would be deleted, thereby creating a reporting requirement in the past, which was an impossibility. Since the Secretariat would presumably take the view that the reporting requirement had already been fulfilled, the amendment would effectively discontinue the reporting requirement.

The representatives of SAUDI ARABIA, LEBANON, SOMALIA, QATAR and EGYPT objected to the proposed amendment.

The representative of ISRAEL called for a vote by secret ballot to enable Board members to vote freely.

The LEGAL COUNSEL said that, although the default mode of voting in the Board was a show of hands or an unrecorded electronic vote, the Board would automatically move to a vote by roll-call or a recorded vote if so requested by a member. However, under Rule 57 of the Rules of Procedure, the Board was permitted to vote by secret ballot on any matter except budgetary questions, if it had previously so decided by a majority of those present and voting. The decision must be taken by show of hands and, if the outcome was in favour, no other mode of voting could be requested or decided upon. The Board should therefore proceed to a vote by show of hands on holding a secret ballot on the proposed amendment.

The CHAIR said that a show of hands would not be required if there was consensus on holding a secret ballot.

⁹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The representatives of SOMALIA and SAUDI ARABIA opposed the secret ballot.

The representative of EGYPT also opposed the secret ballot and requested a roll-call vote on the proposed amendment.

The LEGAL COUNSEL said that the Board must first vote on the secret ballot by show of hands. If the outcome was against the secret ballot, the Rules of Procedure allowed the Board to move immediately to the requested roll-call vote.

The representative of ISRAEL said that, in his understanding, the words “if it has previously so decided” in Rule 57 meant that the Board should have taken a blanket decision at the start of the meeting on the holding of secret ballots for all applicable agenda items, rather than requiring a show of hands each time the question arose.

The LEGAL COUNSEL explained that Rule 57 simply required that the decision to proceed by way of secret ballot should have been taken previously. There was no indication that the decision must have been taken at the start of the meeting, rather than at the time that the question of proceeding to a vote arose. On the rare occasions when a secret ballot had been requested, the practice of the Board indicated that the decision on whether to proceed in that way could be taken at the time that the secret ballot was requested.

The representative of ISRAEL said that, since the Board had not previously decided on the holding of secret ballots, it should proceed with his request.

The LEGAL COUNSEL said that, if the word “previously” was understood to mean that the decision could only be taken at the start of the meeting and not at the time that the question of holding a secret ballot arose, a secret ballot would not be an option in the current case because the Board had not decided at the beginning of the meeting to hold secret ballots. The Office of the Legal Counsel had never interpreted the word “previously” as meaning that the decision could only be taken at the beginning of the meeting.

The representative of EGYPT, noting that a similar scenario had played out in previous discussions of the item at Board meetings, with the same outcome, said that the Board should vote on the request for a secret ballot in order to prevent further time-wasting.

The CHAIR, noting that he wished to enable all delegations to participate fairly, said that he would move to a show of hands.

The representative of ISRAEL said that it was the opposition of other delegations that was obstructing proceedings.

The LEGAL COUNSEL explained the procedure for the vote on a secret ballot on the proposed amendment to the draft resolution, which would be conducted by way of an unrecorded electronic vote.

The representative of EGYPT asked whether the vote could be conducted by way of a physical show of hands so that each Board member’s vote was visible.

The CHAIR recalled that the Board had adopted electronic voting at the beginning of the session. In the electronic show of hands conducted the previous day, although the aggregate results had been reported, the individual votes had not been displayed on the screen, and therefore members of the Board had not seen how each member had voted. The Secretariat had

informed him that the system could not currently be modified to remedy that unintentional lack of visibility. In the spirit of transparency, he therefore proposed to hold the vote by way of a physical show of hands.

The representative of ISRAEL said that, in order to save time, he would withdraw his request for a secret ballot.

The CHAIR, thanking the representative of Israel, recalled that the representative of Egypt had requested a roll-call vote on the proposed amendment.

The LEGAL COUNSEL explained the procedure for the recorded vote, which would be conducted electronically in accordance with Rule 51 of the Rules of Procedure. Opportunity would be given afterwards for brief explanations of vote.

The CHAIR invited the Secretariat to proceed with a vote on the amendment proposed by Israel to the draft resolution. Once the vote was complete, he announced the results, stating that 34 Board members had the right to vote but 4 were absent. Five members had abstained, 24 had voted against and 1 had voted in favour.

The amendment was therefore rejected by 24 votes to 1, with 5 abstentions.

The CHAIR invited the Board to consider the draft resolution as originally proposed.

The representative of ISRAEL objected to the draft resolution and called for a vote.

The representative of EGYPT requested a roll-call vote.

The CHAIR invited the Secretariat to proceed with a recorded vote on the draft resolution on health conditions in the occupied Palestinian territory, including east Jerusalem. Once the vote was complete, he announced the results, stating that 34 Board members had the right to vote but 3 were absent. Four members had abstained, 26 had voted in favour and 1 had voted against.

The resolution was therefore adopted by 26 votes to 1, with 4 abstentions.¹⁰

The representative of ISRAEL, speaking in explanation of vote, said that the international community should condemn the systematic and strategic use of hospitals and ambulances by Hamas for military purposes and should call on humanitarian organizations to conduct thorough background checks on employees to avoid the activities of such organizations being misused by terrorist organizations. His Government remained committed to facilitating humanitarian activity in the Gaza Strip through approved humanitarian organizations. Effective humanitarian coordination was based on transparency, professional engagement and good faith.

The Observer of PALESTINE thanked all countries that had voted in favour of the resolution. Collective efforts were needed to protect health in Palestine. There was no room for politicization of WHO's vital work in the occupied Palestinian territory.

The representative of EGYPT, speaking in explanation of vote, said that he categorically rejected unproven and politicized allegations that hospitals and ambulances in the Gaza Strip were being used systematically for military purposes. Such claims had repeatedly been used to justify attacks on hospitals and ambulances, in violation of international law. The documented,

¹⁰ Resolution EB158.R6.

systematic destruction of the health system in the Gaza Strip was a grave violation of medical neutrality and international law. He called for an immediate halt to attacks on health facilities, the guarantee of full humanitarian access, and independent investigations into all violations against medical services in the Gaza Strip.

- 2. Report of the Standing Committee on Health Emergency Prevention, Preparedness and Response:** Item 5 of the agenda (document EB158/5) (continued from the second meeting, section 3)

The CHAIR took it that the Board wished to note the report contained in document EB158/5.

The Board noted the report.

Promote health

- 3. Strengthening rehabilitation in health systems:** Item 22 of the agenda (document EB158/26)

Well-being and health promotion: Item 23 of the agenda (document EB158/27)

- **Outcome of the WHO Commission on Social Connection** (document EB158/28)

Economics of health for all: Item 26 of the agenda (documents EB158/31 and EB158/31 Add.1)

The CHAIR invited the Board to consider the reports contained in documents EB158/26, EB158/27 and EB158/28 and to provide guidance on the questions contained, respectively, in paragraphs 17, 18 and 15 of those documents. He drew the attention of the Board to the report contained in document EB158/31 and the draft decision therein, which contained a draft decision to be submitted to the Seventy-ninth World Health Assembly. The financial and administrative implications of the draft decision were contained in document EB158/31 Add 1.

He also invited the Board to consider a draft decision, which contained a draft resolution to be submitted to the Seventy-ninth World Health Assembly, entitled Radiation and health: strengthening global protection, preparedness and response, proposed by Armenia, Chile, Egypt, Iraq, Palestine, Qatar, Saudi Arabia, Thailand and Tunisia, which read:

The Executive Board, having considered the report by the Director-General,¹¹

Decided to recommend to the Seventy-ninth World Health Assembly the adoption of the following resolution:

The Seventy-ninth World Health Assembly,
(PP1) Having considered the report by the Director-General;
(PP2) Noting previous resolutions on WHO's mandate in matters related to radiation and health, including radiation protection in medicine (WHA13.56 (1960) and

¹¹ Document EB158/27.

WHA24.31 (1971)), radiation emergency preparedness and response (WHA55.16 (2002) and WHA61.2 (2008)), environmental health, especially the factors of ultraviolet radiation (WHA51.29 (1998) and WHA78.15 (2025)) and radon (WHA70.12 (2017) and WHA78.5 (2025)), and the effects of nuclear war on public health (WHA78.28 (2025));

(PP3) Recognizing the widespread global exposure to both ionizing and non-ionizing radiation from environmental, occupational and medical sources, as well as potential exposure from emergency situations;

(PP4) Acknowledging health risks associated with radiation exposure, including short-term and long-term radiation-induced effects in existing, planned and emergency situations, particularly for children and pregnant women, as well as the non-radiological health impacts of radiation emergencies;

(PP5) Highlighting the importance of strengthening the health sector's capacity to respond to radiation emergencies;

(PP6) Recognizing WHO's work in providing international leadership in the field of non-ionizing radiation and human health by providing evidenced-based reviews and guidance on public health policy;

(PP7) Recognizing also that natural sources of radiation – such as solar ultraviolet radiation and naturally occurring radioactive material and radon gases – are significant contributors to cancer risk, and recognizing that, while effective preventive interventions exist to mitigate these health risks, there may remain a need for increased investment and strengthened public communication and awareness campaigns;

(PP8) Acknowledging the rapid emergence of new medical technologies, including the combined use of ionizing and non-ionizing radiation with innovations such as artificial intelligence and digital clinical trials, and recognizing the need to ensure radiation safety in healthcare while strengthening medical imaging capacity (WHA78.13 (2025));

(PP9) Recognizing the increasing use of radiopharmaceuticals in medical diagnostics and treatment, and underscoring the importance of ensuring their safe production, handling, administration and disposal as part of broader efforts to protect public health from radiation-related risks;

(PP10) Affirming WHO's principal role in providing guidance on radiation and health, in collaboration with the IAEA, ILO, ITU, FAO, UNEP, the United Nations Scientific Committee on the Effects of Atomic Radiation (UNSCEAR), WMO and other relevant international partners, such as the International Commission on Non-Ionizing Radiation Protection and the International Commission on Radiological Protection, and in fostering collaboration between radiation regulators, health authorities and other competent bodies, to strengthen the implementation of radiation safety standards;

(PP11) Noting the need for an integrated global approach to advance the public health agenda on both ionizing and non-ionizing radiation and health, including health risk assessment, research prioritization, and strengthened public communication and awareness-raising on radiation and health matters,

(OP)1. URGES Member States,¹² taking into account their national context and circumstances:

(1) to strengthen national strategies, legislation, institutional frameworks and capacities for radiation protection and health risk management, including

¹² And, where applicable, regional economic integration organizations.

preparedness and response to radiation emergencies, integration into national health emergency frameworks, and long-term monitoring and mental health support;

(2) to ensure interventions addressing radiation-related health risks are incorporated into broader public health policies and programmes;

(3) to ensure the safety and quality of medical uses of radiation, including imaging, radiotherapy and radiopharmaceuticals, through health workforce training, equipment regulation and quality assurance systems, and promote equitable access to radiation-based technologies, particularly in low-resource settings;

(4) to strengthen national systems for monitoring public, workers' and patients' exposures to ionizing and non-ionizing radiation, including radon, ultraviolet radiation, electromagnetic fields and medical sources, and participate in UNSCEAR global surveys of medical, occupational and public ionizing radiation exposure;

(5) to promote public education, risk communication and awareness-raising strategies to reduce harmful exposure and improve understanding of radiation and health issues;

(6) to promote international cooperation, including the sharing of national experiences and best practices on radiation and health, through WHO platforms and networks, and in collaboration with relevant international partners;

(OP)2. REQUESTS the Director-General:

(1) to undertake a global mapping of relevant actors and initiatives, including their mandates and roles in matters related to radiation and health, highlighting in particular WHO's mandate and identifying potential gaps, to advance the public health agenda on radiation protection and emergency preparedness and response, in consultation with Member States and in collaboration with relevant international organizations, non-State actors in official relations with WHO, and WHO collaborating centres;

(2) to continue WHO's normative public health role by developing, disseminating and regularly updating guidance on global standards and technical tools for radiation protection and emergency preparedness and response;

(3) to continue providing technical support to Member States, upon request, in developing and strengthening national public health strategies, legislation, policies and institutional capacities for assessing, managing and communicating radiation risks from existing, planned and accidental exposures;

(4) to continue promoting research on and surveillance of radiation-related health outcomes, including those arising from emerging technologies;

(5) to continue collaboration, through existing WHO initiatives and networks, with relevant international organizations and scientific bodies to harmonize standards, share data and strengthen global coordination on radiation and health, including the IAEA, ILO, ITU, FAO, UNEP, UNSCEAR, WMO and other relevant international partners, such as the International Commission on Non-Ionizing Radiation Protection and the International Commission on Radiological Protection;

(6) to report on progress in the implementation of the present resolution, including on the mapping and gaps analysis, to the Eighty-first World Health Assembly in 2028, and to recommend further actions as appropriate.

The financial and administrative implications for the Secretariat of its adoption were:

A. Link to the approved Programme budget 2026–2027

1. **Output(s) in the approved Programme budget 2026–2027 under which this draft decision would be implemented if adopted:**
2.2.1. WHO develops norms, standards and technical packages to address risk factors for communicable and noncommunicable diseases, violence and injuries, prevent poor nutrition and strengthen food safety and reduce environmental health risks, and supports countries in their implementation, including in the monitoring and development of legislation and regulations
2. **Short justification for considering the draft decision, if there is no link to the results as indicated in the approved Programme budget 2026–2027:**
Not applicable.
3. **Any additional Secretariat work during the biennium 2026–2027 that cannot be accommodated within the approved Programme budget 2026–2027 ceiling:**
Not applicable.
4. **Estimated time frame (in years or months) to implement the decision:**
Two and a half years.

B. Budget and resource implications for the Secretariat for implementation of the decision

1. **Total planned costs required to implement the decision, in US\$ millions:**
US\$ 3.00 million.
- 2.a. **Estimated planned costs required that can be accommodated within the approved Programme budget 2026–2027 ceiling, in US\$ millions:**
US\$ 2.48 million.
- 2.b. **Estimated planned costs required in addition to those already budgeted for in the approved Programme budget 2026–2027, in US\$ millions:**
Not applicable.
3. **Estimated planned costs required to be budgeted for in the proposed programme budget for 2028–2029, in US\$ millions:**
US\$ 0.52 million.
4. **Estimated planned costs required to be budgeted for in the proposed programme budgets of future bienniums, in US\$ millions:**
Not applicable.
5. **Level of financial resources already available to fund the implementation of the decision in the current biennium, in US\$ millions**
 - **Financial resources available to fund the decision in the current biennium:**
US\$ 2.28 million.
 - **Remaining financing gap in the current biennium:**
US\$ 0.20 million.
 - **Estimated financial resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium:**
None at present but efforts are ongoing.

Table. Breakdown of estimated resource requirements (in US\$ millions)

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
B.2.a. 2026–2027 cost of resources already planned	Staff	0.00	0.00	0.00	0.00	0.00	0.00	2.13	2.13
	Activities	0.00	0.00	0.00	0.00	0.00	0.00	0.35	0.35
	Total	0.00	0.00	0.00	0.00	0.00	0.00	2.48	2.48
B.2.b. 2026–2027 cost of additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
B.3. 2028–2029 cost of resources to be planned	Staff	0.00	0.00	0.00	0.00	0.00	0.00	0.46	0.46
	Activities	0.00	0.00	0.00	0.00	0.00	0.00	0.06	0.06
	Total	0.00	0.00	0.00	0.00	0.00	0.00	0.52	0.52
B.4. Future bienniums cost of resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
B.1. Total planned costs required to implement the decision									3.00

The representative of CABO VERDE, speaking on behalf of the Member States of the African Region, said that the work of the WHO Commission on Social Connection had demonstrated that social connection was a vital determinant of mental health, well-being and global health. Social isolation and loneliness represented a growing public health risk, with a significant impact on morbidity, mortality, social cohesion and the resilience of societies; strengthening of social connection must therefore be recognized as a public health priority. The Commission's findings held particular relevance for countries such as his – which had strong community traditions but were facing rapid social transformation owing to factors including population ageing – and showed that the promotion of well-being was intrinsically linked to solidarity, social inclusion and support for the most vulnerable groups. He expressed full support for the cross-cutting integration of social connection into public policies beyond health. It was essential to strengthen communities, create environments conducive to social interaction and combat stigma and exclusion to ensure lasting health and well-being. Primary healthcare was key to quickly identify and address social isolation, in coordination with social services, local authorities, community organizations and civil society. He welcomed WHO's leadership and called for the strengthening of research and data, the sharing of good practices, and the provision of technical support to Member States, especially resource-constrained countries and small island developing States.

The representative of the CENTRAL AFRICAN REPUBLIC, speaking on behalf of the Member States of the African Region, welcomed the draft strategy on the economics of health for all (2026–2030) and its recognition that health was not a cost but a vital investment for sustainable, inclusive and equitable development. Countries in his Region faced major structural challenges including weak domestic financing, foreign aid dependence, a growing debt burden, climate vulnerabilities and recurrent humanitarian and health crises amid increased economic and

geopolitical tensions. To strengthen the impact of the draft strategy, Member States should mobilize the relevant institutions, especially ministries of finance, labour planning and the environment, and local authorities to ensure ownership through an intersectoral approach. It was also important to increase equitable mobilization of domestic resources through health-friendly fiscal policies, and to prioritize vulnerable populations and reduce out-of-pocket expenses to advance towards universal health coverage. Investment in human resources for health and community health must be prioritized to ensure health system resilience, and foreign funding should be aligned with national priorities in line with the Lusaka Agenda. The Secretariat should strengthen technical support on health economics, budget analysis, evidence generation and national capacity development to help countries to translate the draft strategy into tangible, measurable actions tailored to national realities. He supported the draft decision on the economics of health for all.

The representative of BARBADOS, reaffirming her Government's commitment to the Rehabilitation 2030 initiative, expressed support for baseline data collection. In the light of financial constraints, the work of WHO collaborating centres should be leveraged to bridge technical gaps and the first global status report on rehabilitation should be postponed to ensure its quality and impact. Regarding social connection, a public health priority essential for resilience, a whole-of-government approach and coordinated global action was necessary to embed social connection across all policies to protect young people and ageing populations.

She welcomed the draft strategy on the economics of health for all (2026–2030), noting that the commercial determinants of health were a key policy lever in the reorientation of global economies towards the well-being of people and planet. The development of the first WHO Global Report on the Commercial Determinants of Health was therefore strongly supported as a means to clarify terminology, synthesize evidence, address challenges faced by small island developing States, and provide recommendations for managing conflicts of interest. The report development process must be transparent and evidence-based, adhere to the Framework of Engagement with Non-State Actors and include the views of all stakeholders. Her Government looked forward to the report as an authoritative framework for collective action.

The representative of LEBANON, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that protracted conflicts in her Region had weakened health service delivery, high out-of-pocket spending was pushing households into poverty, and there was limited fiscal space for sustainable financing. The integration of health into macroeconomic planning could help Member States to expand fiscal space and strengthen financial protection to support universal health coverage and health security, and it provided a framework for mobilizing innovative financing mechanisms and building governance structures that positioned health as a shared societal goal. Various countries in her Region had embedded health in economic transformation, including through measuring the economic value of health to inform primary care reforms and engaging in capacity-building to sustain services amid economic collapse. Financing innovations such as health solidarity funds had reduced reliance on out-of-pocket spending, while digital health expansion in one Member State had demonstrated how equity-driven technological innovation could advance public priorities. Member States should adopt evidence-based financing policies, expand fiscal space through innovative mechanisms and strengthen governance for accountability. The Secretariat should facilitate regional dialogue, provide technical guidance, and support capacity-building to help countries to prioritize health in economic planning, health systems recovery, reform and transformation.

The representative of SOLOMON ISLANDS, noting the unique challenges faced by Pacific island countries, including the impact of the climate crisis on health, food security, waterborne diseases and displacement, said that the draft strategy on the economics of health for all (2026–2030) provided a transformative vision for integrating health and well-being into economic policy-making. Welcoming its emphasis on environmental sustainability and equity, she noted that its call for economic policies that protected natural resources and promoted intergenerational well-being aligned with commitments to climate-resilient health systems in Pacific island countries. However, limited technical expertise in health economics, cross-sectoral governance and data systems could hinder implementation in such countries; tailored, sustained capacity-building support was needed to develop those competencies. Reliance on domestic resource mobilization was challenging for small island nations with informal economies, narrow tax bases and high foreign aid dependency. The draft strategy provided a timely and principled framework for orienting economies towards health and well-being and a pathway to sustainable development aligned with regional values; Member States and partners were urged to ensure its inclusive, context-sensitive and well-resourced implementation to achieve health for all.

The representative of ISRAEL said that, with reference to strengthening rehabilitation, WHO quality indicators could be used to promote strategies such as expanding qualified multidisciplinary rehabilitation personnel and utilizing advanced technologies. Although the choice of chronic low back pain as the tracer health condition for deriving indicators was reasonable, it was important to acknowledge that rehabilitation interventions were often limited in scope, particularly in terms of the involvement of different health professions, and that the choice of chronic low back pain, while relevant to community care, was much less relevant to hospital care. Additional assessments, in particular regarding acute and complex disorders, should therefore be included.

On well-being and health promotion, a capacity-building platform or digital tool to assist in calculating economic and cost-benefit analyses of country-level health promotion policies would be useful. While reports on best buy interventions were helpful, digital abilities needed to be further advanced to calculate the potential effects of policies and programming. The European Healthy Cities Network was of great value in strengthening health promotion programming. He called for the incorporation of guidelines on interventions to reduce loneliness and social isolation and recommended targeting specific population groups and adapting interventions to account for differences in rural and urban settings.

The representative of BULGARIA, speaking on behalf of the European Union and its Member States, said that the candidate countries North Macedonia, Montenegro, Serbia, Albania, Ukraine, the Republic of Moldova and Georgia, as well as Armenia, aligned themselves with his statement. Health and well-being were the cornerstone of thriving, resilient societies and must be political priorities across all sectors and governance levels. Strong intersectoral platforms that supported the development of well-being in societies were essential, as were grassroots initiatives and community-driven solutions. Promoting well-being required a comprehensive, lifelong, health promotion and prevention approach that recognized the close connection between physical, mental and social health. The European Union was committed to applying that approach through initiatives such as its Safe Hearts Plan. It was important to address all determinants of health, including regulating the commercialization of health services and building robust and accessible public health systems with health promotion as a core pillar. Disadvantaged groups should not face poorer health outcomes because of limited financial resources or other vulnerabilities. It was important to recognize the role played by all stakeholders in supporting well-being and include

them in national and regional collaboration with a view to developing appropriate legislation, regulations, policies and actions on marketing strategies to tackle unhealthy lifestyles.

The landmark report of the WHO Commission on Social Connection offered actionable guidance for addressing social isolation and loneliness and fostering social connection to improve well-being, reduce preventable mortality and boost education and economic resilience. Its recommendations and implementation models must be used as a springboard for concrete action. He applauded WHO's leadership and convening role in promoting social connection and urged continued work on social connection as a core component of mental health promotion and resilient, people-centred health systems.

The representative of PANAMA said that well-being should be institutionalized as a cross-cutting focus of governance through a health ministry-led approach and should be incorporated into national planning, budgeting and policy evaluation, ensuring public participation in such processes. It was important to promote a culture that prioritized health promotion, equity and community participation and to build capacities and develop good practices for the measurable implementation of well-being programmes. Her Government would submit written recommendations to the WHO Commission on Social Connection. Achieving the vision of health for all required a structural reorientation of the economy, budgeting and public governance. Health promotion was a strategic investment in economic development, social equity and fiscal sustainability. She welcomed the draft decision on the economics of health for all. The draft strategy on the economics of health for all (2026–2030) was aligned with the Programme budget 2026–27 and therefore offered an opportunity to consolidate technical capacities in analysing the cost-effectiveness of health interventions and advance results-based budgeting by linking resource allocation to equity and fiscal sustainability. The draft strategy could help to improve public health governance, protect household finances by enhancing health service coverage and access, and strengthen political commitment to health policies focused on evidence, results and sustainability.

The representative of CAMEROON noted progress on rehabilitation, health systems, well-being promotion and the economics of health for all in Africa. The adoption of a regional strategy on rehabilitation had enable countries in the African Region to develop national plans. Access to rehabilitation services remained insufficient, however, to meet the high demand linked to noncommunicable diseases. States should strengthen financing and ownership of the rehabilitation agenda. Turning to health promotion and well-being, he highlighted the increase in rates of social isolation and loneliness in the African Region and the concerning impact on mental health in the Region. Community-based, culturally acceptable and multisectoral approaches should be adopted to promote health and well-being. To address the serious lack of access to vital health services and financial difficulties due to health costs, Member States were urged to develop domestic resource mobilization strategies to finance health through tax policy reform, decentralization and public–private partnerships.

The representative of NEPAL said that strengthening rehabilitation, well-being and health promotion were central to achieving universal health coverage and the Sustainable Development Goals. Sustained multisectoral action and efforts to address the behavioural, social and environmental determinants of health were needed to enhance well-being. He called on the Secretariat to develop clearer operational guidance for integrating rehabilitation across all levels of health systems, including emergencies, as well as guidance for embedding health promotion and well-being across primary healthcare, universal health coverage and multisectoral policies. The Secretariat should also strengthen global and regional support for workforce development,

with a focus on community-based and multidisciplinary care, and advance digital rehabilitation tools and data standards to improve access, monitoring and service quality.

The representative of THAILAND said that while chronic low back pain was a valuable tracer health condition for assessing rehabilitation coverage, WHO global rehabilitation indicators must remain evidence-based and be adaptable to national contexts. The first global status report should be postponed to allow for further validation of effective coverage methodologies against national realities to ensure practical frameworks and robust data. With regard to well-being and health promotion, her Government had identified three institutional priorities that would help in shaping actionable national strategies: whole-of-society governance that integrated well-being into national policy through an evidence-informed body; holistic frameworks that incorporated lifestyle, medicine, health, mental health literacy and resilience; and secure information systems with appropriate social media regulation to address misinformation. She strongly supported the draft strategy on the economics of health for all (2026–2030), in particular the focus on aligning economic policy with health outcomes and strengthening economic competencies among health professionals to engage finance leaders. Her Government looked forward to receiving technical guidance from the Secretariat on implementing that agenda.

The representative of UKRAINE supported the shift towards measuring effective coverage of rehabilitation and requested the Secretariat to strengthen the science and policy dimensions of that approach. Relying on chronic low back pain as the sole global tracer condition posed two risks. First, chronic low back pain management was a limited proxy for the multidisciplinary, high-intensity pathway needed after stroke or complex trauma. Rehabilitation encompassed a range of interventions to optimize function and should not be reduced to physiotherapy alone. Second, focusing on chronic low back pain could unintentionally incentivize under-delivery on specialized rehabilitation aimed at addressing long-term disability. Instead, a multi-tracer model should be applied that used low back pain as the baseline alongside standardized models for stroke, traumatic injury and amputation. Regarding measurement validity, cross-cultural validation and clear risk adjustment was needed before adopting indicators as global targets. He expressed support for the proposed global rehabilitation indicators but said that measurement must be low burden, high value and integrated into existing household survey and information systems to avoid diverting resources from care. Given the Secretariat's capacity constraints, if the Board agreed to postpone the publication of the first global status report on rehabilitation, it would be helpful to receive an interim update in 2026, supported by WHO collaborating centres and partners.

The representative of POLAND, speaking on behalf of the European Union and its Member States, said that the candidate countries North Macedonia, Montenegro, Serbia, Albania, Ukraine, the Republic of Moldova and Georgia, as well as Armenia, aligned themselves with her statement. The Secretariat's engagement with Member States in translating resolution WHA77.13 (2024) into a practical action framework was appreciated. The draft strategy on the economics of health for all (2026–2030) highlighted the importance of increasing policy coherence across sectors; health outcomes, economic growth, social cohesion and environmental sustainability were deeply interconnected. Strong, well-functioning health systems were essential for inclusive and resilient economies; she therefore welcomed the emphasis in the draft strategy on applying a whole-of-government approach, with cross-sectoral collaboration and country leadership, in accordance with national contexts and priorities. It was important to stress that the draft strategy constituted a voluntary menu of actions, and Member States could choose to implement those that best suited their needs and use its guidance to make the case for investment in health and integration of health into relevant public policies. Strengthened dialogue across ministries, civil society,

communities and the private sector, avoiding eliminate conflicts of interest, would be crucial to success in that regard. The Secretariat had a crucial role to play by providing guidelines and technical support and facilitating exchange of regional experiences. Member States who had not provided written feedback should be granted an opportunity to do so before the draft strategy was finalized. She supported the draft decision on the economics of health for all.

The representative of HAITI, highlighting the impact of ongoing instability, complex emergencies and economic crises on health and healthcare in her country, said that it was essential to prioritize primary healthcare, resilient local services and healthcare worker protection and to ensure continuity of services for communicable and noncommunicable diseases during emergencies. She expressed appreciation for WHO's coordinating role and requested greater international solidarity, predictable financing and technical support, tailored to national contexts, to support health systems strengthening.

The representative of the REPUBLIC OF KOREA said that the integration of standardized tools developed by WHO into national health information systems would enable the formulation of effective, data-driven policies. It was important to expand rehabilitation services across all levels of care. Embedding issues related to well-being and social connection into national governance and translating them into action required a solid legal and institutional foundation. The mental health agenda must be mainstreamed so that well-being and social connection could be addressed in an integrated manner alongside other health agendas. She highlighted her Government's efforts to enhance rehabilitation, social isolation and mental health at the national and international levels.

The representative of NORWAY expressed support for the proposed way forward on strengthening rehabilitation health systems, including postponement of the publication of the first global status report on rehabilitation in health systems. She expressed appreciation for WHO's leadership in advancing global well-being and welcomed the work of the WHO Commission on Social Connection. The Secretariat should integrate the Commission's work into existing programmes and policies, engage with civil society and strengthen inclusive local communities. She supported the draft decision on the economics of health for all and welcomed the emphasis in the draft strategy on the economics of health for all (2026–2030) on whole-of-government and cross-sectoral public health approaches, especially cooperation between the health and finance sectors. Further information was requested on the draft strategy's alignment with the well-being economy approach and about the differences and synergies in those initiatives.

The representative of BRUNEI DARUSSALAM supported the integration of rehabilitation across the life course, primary healthcare, universal health coverage and health emergency preparedness. It would be essential to establish a robust and realistic baseline for the development of global rehabilitation targets and indicators for 2030. The Secretariat should prioritize feasible and meaningful indicators that could be implemented across diverse health system contexts. On health promotion and well-being, he noted that the growing burden of noncommunicable diseases, ageing populations and lifestyle-related risk factors was placing increasing pressure on health, financial and social systems. He acknowledged the value of multisectoral approaches in strengthening health promotion and disease prevention efforts to support healthy lifestyles, mental well-being and healthy aging, including through the use of digital platforms. Continued support from WHO at the country level, including sharing tools, best practices and peer-learning platforms to adapt global guidance to country contexts, would be appreciated. He welcome the draft strategy on the economics of health for all (2026–2030), which should be accompanied by a shift in the narrative to frame health as a high-yield investment. He

urged the Secretariat to prioritize institutional strengthening and training programmes, such as fiscal policy toolkits and health technology assessment platforms, alongside normative guidance to enable economic modelling by small States.

The representative of CHILE welcomed the rigorous and inclusive work of the WHO Commission on Social Connection and commended its landmark report, *From loneliness to social connection – charting a path to healthier societies*, which shed light on the scale and impact of the challenge and proposed tangible action. She commended the progress made in integrating well-being into public health through a whole-of-government and whole-of-society approach focusing on dimensions beyond traditional indicators, including inclusion, sustainability and quality of life; such an approach offered a solid foundation for driving transformative public policies at the national and local levels.

The representative of ZIMBABWE described measures taken by his Government to advance health promotion, including evidence-based, multilingual community noncommunicable disease prevention interventions and workplace wellness initiatives. He supported efforts to strengthen ethics-based governance, sustainability and public trust as foundations for well-being and health promotion. He commended the alignment of WHO's work with that of other United Nations organizations to reinforce coherence across the United Nations system. Multisectoral consultations were essential for shaping effective policies, building on existing national structures and strengthening government institutions.

The representative of SOMALIA, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that demand in the Region for rehabilitation services was expected to rise owing to ageing populations, increasing noncommunicable diseases and the impact of conflicts and emergencies. Despite its critical role in universal health coverage, rehabilitation remained a low priority for many countries, with unequal access, weak integration into health planning, and fragmented governance and information systems. However, progress had been made in development and emergency contexts. Progress in building national capacity to meet rehabilitation needs should be assessed through agreed indicators. There was a need for technical and policy guidance to implement, adapt and use rehabilitation indicators and effective coverage measures, including guidance on integrating rehabilitation indicators into existing health information systems and household surveys, prioritizing tracer conditions in line with national and regional contexts, and using data to inform policy planning and quality improvement. Additional input could inform a mechanism for regional and country-level collaboration to mitigate capacity and resource constraints and ensure sustainability, especially in fragile and resource-constrained settings. Member States should support baseline data collection, integrate rehabilitation indicators into national information systems and engage stakeholders in measuring effective coverage. The Secretariat was requested to prioritize feasible indicators, leverage partnerships and adopt a phased approach to target-setting that was aligned with resource constraints.

The representative of JAPAN said that rehabilitation must be recognized as an essential component of quality health services under universal health coverage. Practical, scalable indicators were needed to make progress in advancing rehabilitation; the proposed global rehabilitation indicators were a welcome first step. After baseline data had been collected, Member States would need effective and efficient support to meet the proposed targets. Rehabilitation should be coherently promoted as an integral part of the overall health service package to avoid fragmentation. Highlighting initiatives in Japan to foster social connection and build inclusive, resilient societies, he expressed support for the recommendations of the WHO

Commission on Social Connection and noted that his Government was interested in engaging actively in the Connection Conversations initiative.

The representative of TÜRKİYE¹³ described her Government's approach to integrating well-being into public policy through multisectoral action. She expressed support for the draft decision on the economics of health for all and said that the Secretariat's role in providing technical guidance and sharing experience would be crucial in ensuring the success of Member States' efforts in that regard.

The representative of MOROCCO¹³ reaffirmed his Government's commitment to resolution WHA76.6 (2023) on strengthening rehabilitation in health systems and highlighted action to integrate rehabilitation as a major component of national health system reform and universal health coverage.

The representative of ITALY¹³ expressed appreciation for the draft strategy on the economics of health for all (2026–2030). He supported the request for an additional opportunity to submit written comments before its finalization, which would ensure constructive engagement and foster shared ownership of the draft strategy, thereby strengthening its legitimacy.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIR and on also behalf of the World Stroke Organization, the International Society on Thrombosis and Haemostasis, Inc., the International Diabetes Federation, the International Alliance of Patients' Organizations, the NCD Alliance, the International Society of Nephrology and World Cancer Research Fund International, drew attention to the wide range of social and environmental determinants that influenced the unequal distribution of noncommunicable disease incidence, prevalence, outcomes and risk factors. The widespread availability, affordability and marketing of harmful commodities was contributing to poorer well-being, especially in low- and middle-income countries and among young people, and commercial influence and vested interests continued to impede effective implementation of life-saving public health policies. Measures to protect public policy from conflicts of interest and prioritize public health over profits were essential components of public health governance.

Member States were urged to take urgent, sustained action to address social, commercial and environmental determinants of health across the life course. She commended WHO for focusing on whole-of-government and whole-of-society approaches and for taking steps to promote healthy environments and reduce exposure to risk factors. The Secretariat and Member States should strengthen alignment between the global framework for integrating well-being into public health and the draft strategy on the economics of health for all (2026–2030) as well as existing commitments on noncommunicable disease prevention and control, universal health coverage and emergency preparedness, paying particular attention to vulnerable populations.

The representative of the INTERNATIONAL COMMISSION ON RADIOLOGICAL PROTECTION, speaking at the invitation of the CHAIR and on also behalf of the International Commission on Non-Ionizing Radiation Protection, the International Commission on Occupational Health, the International Federation for Medical and Biological Engineering, The International League of Dermatological Societies, the International Organization for Medical Physics, International Physicians for the Prevention of Nuclear War, The International Society of Paediatric Oncology, the International Society of Radiology, The International Society of Radiographers and Radiological

¹³ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

Technologists, the World Federation of Nuclear Medicine and Biology, and the World Federation for Ultrasound in Medicine and Biology, Inc., said that the draft decision on radiation and health underscored the importance of an integrated, evidence-based approach to protecting patients, workers and the public from ionizing and non-ionizing radiation in routine and emergency situations. Radiological protection helped to prevent disease, reduce exposure, strengthen emergency preparedness and ensure that technological advances benefited society safely. There was an increasing need for coherent, health-centred policies supported by robust health risk assessment, effective communication strategies and harmonized protective measures that addressed public concerns while enabling progress. Effective national systems were crucial for managing radiation technology use, securing radioactive sources, ensuring robust emergency preparedness and long-term exposure monitoring, and implementing policies for non-ionizing radiation.

The meeting rose at 13:05.
