



European Union

Statement

WHO

79th World Health Assembly

(18 May – 23 May 2026)

Item 12.4 – Universal Health Coverage

Geneva, 21 May 2026

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EU Statement

Chair,
Director General,
Excellencies,
Colleagues,

I am delivering this statement on behalf of the EU and its 27 Member States.

The candidate countries North Macedonia, Montenegro, Serbia, Albania, Ukraine, Republic of Moldova* and Georgia as well as Armenia align themselves with this statement.

Achieving Universal Health Coverage is fundamental to the right to health, building on resilient health systems and strong primary healthcare. Equitable access to health services and promotion requires addressing persistent challenges, including financial hardship, gender inequality, and other discrimination, alongside ensuring sexual and reproductive health and rights[†]. It also requires safeguarding access to essential services and information in the context of demographic shifts and the disruptions of conflict and climate change – challenges that disproportionately affect women, girls, and persons in vulnerable situations.

WHO support to Member States in the following areas is critical:

First, addressing shortages in the health workforce. To bridge the 11.1 million worker gap by 2030, we must expand national training capacities, while prioritising ethical recruitment from abroad and addressing brain drain. Retention must be strengthened through better working conditions, career pathways, optimisation of skills mix, and expanding task sharing.

Second, promoting financial sustainability and social protection. Scaling up inclusive social protection systems and investing in quality, cost-effective healthcare services and promotion is essential. We call on Member States to increase efforts to sustainably, equitably and efficiently raise domestic resources. These efforts must reduce financial burden, including reduction of out-of-pocket health expenditures by households and enable access to health services, including for persons with disabilities. In this context, strengthening primary healthcare remains the key strategy to improve the accessibility, quality and sustainability of care.

* North Macedonia, Montenegro, Serbia and Albania continue to be part of the Stabilisation and Association Process.

[†] in accordance with the Beijing Platform for Action and the Programme of Action of the International Conference on Population and Development (ICPD) and the outcomes of their review conferences.

Third, improving accessibility to treatment for rare diseases. Addressing rare diseases is a critical public health priority. This requires strengthening healthcare systems at primary healthcare and beyond with specific consideration within national social protection systems. We support the Secretariat's efforts to map existing standards and norms, prepare a technical report on rare diseases, close data gaps and establish a workstream promoting UHC for persons living with rare diseases.

Fourth, focusing on prevention and individual well-being. We must prioritize health promotion through healthy diets, lifestyles, and environments, recognizing that UHC requires more than clinical care alone. Integrating affordable nutrition, physical activity and mental health into primary healthcare is crucial.

Thank you.