

## #WHA75 Key Points (Working Doc)

HRI tracked three agenda items at WHA75: the public health dimension of the world drug 'problem'; the global health sector strategies on HIV, hepatitis and STI harm reduction; the resolution on Russian aggression in Ukraine. Summary notes below.

### 1. The [report](#) by the Director-General on the public health dimension of the world drug 'problem'

**Outcome:** Director-General to continue to report to the Health Assembly every two years until 2030 on WHO's activities to address the public health dimensions of the world drug problem.

**Background:** Reporting requirement established at UNGASS 2016 and then at WHA 2017

#### Notable interventions:

- Singapore: public health dimension only small element of the whole world drug problems. Drug abuse should not be normalized.
- New Zealand: health approach to drugs includes harm reduction and needles exchange programmes - highly successful in preventing HIV and other infectious diseases.

### 2. The global health sector strategies on HIV, viral hepatitis and sexually transmitted infections 2022-2030 [{final draft prior to #WHA75}](#)

**Outcome:** The GHSS was *noted*.

After protracted discussions, a number of informal consultations throughout the week, continuing until Saturday evening, a three-part proposal from Saudi Arabia<sup>1</sup> and an additional proposal from Mexico; Member States failed to reach consensus on the adoption of the GHSS.

Member States voted on both proposals late on Saturday evening (hours after the WHA was supposed to have closed). Latin American states worked together to negotiate the Mexico proposal and get buy-in. The Mexico proposal was:

- For the WHA to *note* rather than adopt the strategy;
- To acknowledge that implementation of the GHSS would be adapted to national context;
- To remove the glossary at annex 3 (the glossary contains language on gender, harm reduction<sup>2</sup> and key populations).

The Mexican proposal was approved: YES: 62 / NO: 2 / ABSTAINED: 30 / ABSENT: 90

The Saudi Arabia proposal was rejected. Great [summary by Health Policy News here](#).

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<sup>1</sup> Saudi proposal for consensus adoption of the GHSS:

1. Removal of the glossary contained in Annex 3 of the draft document of the strategy
2. Addition of footnote: Page 14 - Some countries have a reservation regarding the use of the term of sexual orientation. The definition of which has not been agreed UN intergovernmental negotiations among MS and reaffirm that their understanding is to be implemented in line with their national legislation.
3. Addition of footnote: Page 24 - The Intl Tech Guidance on Sexuality Education [reference in footnote] is not the result of an intergovernmental negotiation among member states.

<sup>2</sup> Harm reduction also embedded in the body of the document.

**Background:** There was extensive consultation on the development of the GHSS, including virtual consultations in 2021.<sup>3</sup> The GHSS were supposed to be adopted at the WHO Executive Board meeting in January 2022 but deferred to WHA due to contested language on sexuality, sexual health rights and sexual education.

**Notable interventions:**

- US: *We should not need to hold a vote on the existence of entire communities of people. We have a strategy on critically important global health issues, yes. But at what cost to those we risk leaving behind? So to gay, lesbian, bisexual, queer, intersex, transgender and gender non-conforming people around the world, the United States government sees you, and will continue to support you. Stay strong.*
- UK and Monaco (separately): commented on the undesirable precedent created by the vote and questioned whether technical documents from the WHO Secretariat should be amended by the WHA.

### 3. [Resolution](#) on Russian aggression in Ukraine

**Outcome:** The resolution brings attention to the direct and indirect health impacts in Ukraine, in the region and beyond; condemns attacks on health care; and urges the Russian Federation to immediately cease any attacks on hospitals and other healthcare facilities.

YES: 88/ NO: 12/ ABSTAINED 53

[Counter resolution](#) by Russia

NO: 66 / YES: 15/ ABSTAINED [102]

[Summary of Member State votes](#) on these two resolutions.

**Background:** The resolution on Russian aggression was initiated in special session of the WHO Regional Committee for Europe (May 2022).

**Notable interventions:**

- Russia: Regrets the results. Not based on facts. Resolution does not take into account Donbas conflict and Kyiv 'regime'. This politicised resolution is not going to help to deescalate the conflict.
- France: Russia's resolution about a situation that it has itself created presents a fake reality.
- Indonesia: there are some countries who support the resolution on Russian aggression in Ukraine but reject *similar* resolutions focusing on the health of the people in the Palestine, hence its abstention due to the highly political nature of the resolution.

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<sup>3</sup> Decision proposed by EB in Jan 2022:

ADOPTS the global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections, for the period 2022–2030; REQUESTS the Director-General to report on the progress made in the implementation of the global health sector strategies to the Health Assembly in 2024, 2026, 2028 and 2031, noting that the 2026 report will provide a mid-term review based on the progress made in meeting the strategies' 2025 targets and the progress made towards achieving the 2030 goals.