

World Health Professions Alliance (WHPA)



Constituency statement to 78th World Health Assembly (May 2025)

Item 16.1 Strengthening the global architecture for health emergency prevention, preparedness, response and resilience (HEPPRR)

Before I start reading the constituency statement, these are the non-state actors co-signing the statement:

- *FDI World Dental Federation*
- *FIP International Pharmaceutical Federation*
- *ICN International Council of Nurses*
- *WMA World Medical Association*
- *World Confederation for Physical Therapy (World Physiotherapy)*
- *further supporting NSAs welcome*

Contact for NSAs to join the statement: Tolu Osigbesan, Advocacy and Policy Manager - tosigbesan@fdiworldddental.org

Five of the organisations supporting this statement are members of the World Health Professions Alliance, which represents over 41 million dentists, nurses, pharmacists, physiotherapists and physicians globally.

The frequency, scale and complexity of health emergencies are increasing year on year, and they do not stop at national borders: they require global action. There has never been a more important time for multilateral cooperation to strengthen the global architecture for emergencies.

In this context, we urge the WHA to adopt the draft Pandemic Agreement. We applaud its commitment to providing frontline health professionals with priority access to medical products and personal protective equipment (PPE) during emergencies, and to ensuring decent working conditions while protecting health professionals' safety, mental health and wellbeing.

We welcome the focus in this agenda item on five core capacities in HEPPRR: collaborative surveillance; community protection; safe and scalable care; access to countermeasures; and emergency coordination; and we call on governments to address them urgently. We would add an emphasis on protecting health

World Health Professions Alliance (WHPA)



Constituency statement to 78th World Health Assembly (May 2025)

professionals, first from preventable adverse events in emergencies, where health professionals are among the most vulnerable; and second protecting them from all forms of workplace violence—verbal, physical, and emotional. It is essential to implement preventive security measures, such as surveillance systems and emergency response protocols, to ensure their safety.

Even with the right global architecture in place, emergency response can only be as good and resilient as the health workforce available to carry it out. Today there are two immense hurdles to this:

Recent drastic funding cuts to the global health sector are having immediate disastrous impacts on the health workforce on the front lines even in non-emergency contexts. This comes on top of persistent global health workforce shortages, albeit with some patchy progress. These cuts and shortages reduce the health workforce's capacity for emergency response and leave no scope for scalable health workforce provision in emergencies.

WHPA calls on member states to invest in health professionals' education, employment conditions, training and retention as a priority, to ensure there is a resilient health workforce in place to respond to the next emergency as heroically as it did to Covid-19.