



Highlights from the Third Day of the 66th World Health Assembly

22nd May 2013

Committee A, Fourth Meeting Item 13.3: Draft Mental Health Action Plan

Generally, Member States showed support of the Draft Mental Health Action Plan. Member states offered amendments to the plan and emphasized some strengths and weaknesses.

Several member delegates reported on progress made on scaling up mental health services in their delegates. For example, they mentioned enacting mental health legislation and reforming current services to include mental health. Member states requested further financial and technical support in implementing the plan. They also stressed the importance of integrating mental health care into primary care at the community level and acknowledgement of stigma and discrimination toward people with mental illness as an important factor to be addressed in mental health and by this Action Plan. Finally, member states stressed the importance of involving stakeholders, especially those with mental illness, in the planning, implementation and policy-making process.

Member states expressed concerns and reservations about the draft Mental Health Action Plan. With regard to indicators, a few member states questioned suicide as a reasonable and proper indicator. Some also encouraged emphasis on other disorders and populations, including autism, women, children/adolescents and the prison population. There was brief mention of the role of media in mental health and the need for education and tools to guide media with regard to responsible reporting of suicide.

Several delegates noted the need for increased funding and technical assistance from WHO in adopting the MH Action Plan and that implementation should be cost-effective. Finally, Member States stressed that necessary emphasis on other determinants of mental health (social, environmental, economic) should not be ignored.

It was very promising today to hear some enthusiasm from Member States with regard to the MH Action Plan itself and implementing it. Several states mentioned social determinants of mental health that should be considered in implementing the plan and that it will take intersectoral action including NGOs, government, the WHO and private partners. It was clear that better and proper data collection as a key part of implementing the plan and making continued progress is a priority for Member States, and that strong mechanisms for surveillance and evaluation at regional and national levels should be developed. Cultural and gender aspects of mental health got some attention when Member States specifically mentioned women, children and rural area dwellers who need particular mental health services, however, this point did not receive a great level of attention.

The draft resolution to adopt the Action Plan will be continued at a later in the week. Some Member States recommended several amendments that will be reviewed and voted on in the coming days.

Item 13.4: Draft Action Plan for the prevention of avoidable blindness and vision impairment 2014-19

Member States, on the whole, received this Action Plan very well. Many noted actions they have already taken in this arena and the strides they will take to further their progress. They welcomed the Action Plan and the targets it provides, but several expressed hesitation that the are very

ambitions and may be hard to reach. They requested technical assistance from the WHO in meeting the targets.

A few delegates brought up the role that inequity in access to quality, affordable care and low and poorly trained workforce for eye health play in contributing eye health in this area. A suggestion was made that indicators include these aspects. Member states emphasized the important role of strong data collection, monitoring and evaluation in the success of this Plan.

A few delegates mentioned that it is necessary to broaden the focus of this plans (from cataracts as the major cause of avoidable blindness) to other causes of avoidable blindness, such as communicable diseases and ocular trauma. There was also a call from few delegates that the Action Plan to reflect needs of member states and for clearer guidance and technical support from WHO.

Delegates approved the draft resolution (EB132.R1) and endorsed the Action Plan (66/11)

Item 13.5: Disability

Member States showed strong support for adopting the draft resolution EB132.R5 to endorse the recommendations of the World Report on Disability.

Delegates took the opportunity to highlight work their respective countries have already done around disability including implementing national action plans, integrating disability across all health promotion activity and increasing accessibility (including financial) to services for people with disabilities. They noted the importance of the International Convention on People with Disabilities and that all Member States should take steps that further the goals of this Convention.

Countries requested that disability be viewed from a human rights perspective in addition to the health perspective. They called for better data collection and scaling up of rehabilitation and support services. Countries noted the importance of a plan of action being developed and that this should be addressed at the upcoming High-Level meeting in September.

NGOs who made statements pointed out that physical therapy and rehabilitation should be integrated into the report or action plan to come. They also stressed that people with disabilities should be including in policymaking and that disability should not be an isolated area of health.

The discussions reflect the intention that disability be integrated across health planning and policymaking. However, no delegate made mention of disability as cross-cutting issue in the post-2015 agenda was not mentioned.

Many amendments were suggested to the draft resolution, so discussions on this will resume later in the week.

Committee B, First Meeting

Item 20: Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan

There was a rather heated discussion and debate regarding this item of business.

Member states discussed and accepted a new Resolution A66/B/Conf/1, with 53 yes, 4 no and 50 abstentions. Several countries were absent at the time of the vote. USA, Israel, Australia and Canada voted against the resolution. The text of this resolution has not been made public yet.

Only Israel and USA took the floor to oppose the resolution. USA stated being disappointed as this seemed to be a politically motivated resolution. Israel termed the resolution as a politically motivated document that tarnished the image of WHO, calling it a travesty and urging that this item should not be taken up again in the future.

Israel's settlement policies, restriction of movement, the blockade of Gaza, the separation wall, and their impact on the health system of the occupied Palestinian territories were among the

many critical issues stressed by several Member States. They also stressed the health condition of convicts. Several Member States termed the situation as being at the brink of a humanitarian crisis. Turkey termed the occupation of Palestinian territories as the bleeding wound in the consciousness of humanity.

While interventions supporting the resolution focused on the deterioration of health in the occupied Palestinian territories, only a few countries also pointed to the root cause of this deterioration. For instance, Malaysia highlighted that the worrying deterioration of economic and health condition results from “practices” and restrictions imposed by the occupying power. However, the direct negative link between the war and health in the occupied Palestinian territories was not stressed enough.

While Syria stated that the situation in Golan is going from bad to worse because of the occupation, Israel responded that health indicators in occupied Palestinian territories are better than in many neighboring countries. However, in our perspective both approaches miss the key point of the debate which is the issue of the impact of war and conflict on peoples' health.

Malaysia raised concerns in relation to the radioactive nuclear land fields in Golan. Syria, who presented an additional document on the health situation in occupied Syrian Golan also highlighted.

Several countries expressed concern over WHO being denied access to the Golan territories by the occupying power, however, it is unfortunate that UNRWA did not deem necessary to mention this issue. It is worrying that the WHO has no means to assess the health situation and challenges facing the population of Golan. Delegates also stressed the increasing gap between the health situation in Gaza and the rest of the occupied territories along with a demand to raise the illegal blockade over Gaza.