

Highlights from the second day of the 132nd Executive Board (Geneva, Tuesday, 22.01.13)

Item 6.3 Draft comprehensive mental health action plan 2013–2020 (Document EB 132/8)

In May 2012, the 65th World Health Assembly adopted resolution WHA65.4 on the global burden of mental disorders and the need for a comprehensive, coordinated response from health and social sectors at the country level. A “zero draft” of the action plan, covering the period 2013–2020, was written and used as the basis for consultation with Member States, civil society and international partners. Consultations were held through five regional meetings, a Global Forum on Mental Health (Geneva, 10 October 2012), a web-based consultation (from 27 August to 19 October 2012) and an informal consultation with Member States (Geneva, 2 November 2012).

During the discussion at the EB, several Member States took the floor expressing their support and appreciation for the multi-sectoral action plan, recognizing the efforts made for a real comprehensive implementation.

Myanmar pointed out that developing countries do not recognize the attention to mental health issues as developed countries do, and highlighted that it is necessary to strengthen human resources through a community based approach. Cuba followed reporting its national plan implemented in 1995 based on a PHC approach, and stressed the importance of health promotion through and within the community. This approach was strongly supported also by Ecuador, Iran, Croatia, Timor-Leste.

Qatar, Papua New Guinea and China put the emphasis on the need of strengthening human resources and capacity-building. Senegal, speaking on behalf of the African Region, stated that in low income countries more than 80% of those suffering from mental health don't receive any treatment and there are few specialist centres, only in urban areas. Finally, Senegal strongly called for strengthening health care systems, as the first necessary step to implement each action plan.

Maldives focused on the access to drugs as it represents a challenging issue for developing countries, and asked WHO for support. Switzerland stressed the need to reorient resources into small community care through a social determinants approach, as a useful tool to tackle discrimination, and finally guaranteed support to facing the lack of human resources through its efforts in the international cooperation. USA affirmed that they have submitted some task changes for indicators' improvements, as Senegal and Canada did, and launched a new fund for research on Alzheimer's Disease.

EU called for the necessity of a full social inclusion as a strategy to prevent mental health disorders through a “health in all policies” approach, that has to be adopted in actions, health promotion and research, and in health care provision inspired by PHC principles. Finally, EU highlighted that NCDs and mental health plans should become more concrete.

An interesting point was raised by Lebanon, that reported that the multisectoral approach would

benefit from including the schooling sector in promotion, prevention, education and treatment. And finally it mentioned the possibility to reflect on mental health insurance, opening the floor to the private sector.

Mongolia wanted to raise the fact that the issue of mental health has to be contextualized under diverse social and cultural patterns, between and inside countries, and called for international mobilisation of financial resources.

While the majority of Member States was stressing the importance of a comprehensive approach, Australia reported that it has a dedicated Minister for mental health. It was followed by Croatia which came back to the emphasis on a community-based approach and added the importance of the cooperation between health systems and civil society. The role of the civil society was fully supported by Timor-Leste, too. UK focused on the efforts to tackle the stigmatization, mentioned the "Time to change" campaign and highlighted the impact of austerity policies on mental health.

The final comment made by Thailand closed the debate with a strong call to concrete actions that could take into account the mental health gap existing between States, the different attitudes and socio-economical-environmental conditions that influence the real implementation of the plan and clouted that all these issues could be tackled only with a societal approach, otherwise each measure would be meaningless.

This "call to action" opened the floor to the civil society, with CBM, which stressed the necessity of a joint process between governing bodies and civil society, and the World Federation for Mental Health, that announced they have developed a civil society charter for mental health.

The Secretariat response highlighted the importance of integrating physical and mental health.

The DG closed the session saying that this is the first action plan and it has to be included in an ongoing learning process and with the proposal, immediately approved, to have an online consultation on the plan until the end of February; the document will then be revised and submitted to the 66th WHA.

Item 6.4 Draft action plan for the prevention of avoidable blindness and visual impairment 2014–2019 (Document EB 132/9)

This agenda item was opened by Mexico that, along with Saudi Arabia and Costa Rica proposed a draft resolution on avoiding blindness to be considered by the next World Health Assembly in May 2013. The resolution EB132.R1 Towards universal eye health: a global action plan 2014-2019, which was co-sponsored by Australia and the United States of America, aims to support the five-years action plan drafted in consultation with Member States, United Nations agencies, funds and programmes and international partners and brought to the EB for its consideration. Several Member States took the floor expressing their support and appreciation for the action plan and their commitment to implementing it through national actions.

Seychelles, speaking on behalf of the African Region, declared that around 9 million of people in

Africa are affected by blindness – a number is likely to increase by 2020 – and recalled that many countries in the continent had already put in place national action plans and other public health measures.

Particular emphasis was given to cataract which represents a common growing problem due to the increasing of the elderly population. In this regard, the Cuban delegate recalled a project called “Operation Miracle”, a broad humanitarian campaign launched in 2004 by Cuban president Fidel Castro that consists in operating for free those low-income Latin Americans who suffer from cataracts and other eye diseases.

Myanmar and Yemen, among others, while thanking WHO requested for its capacity building and technical support in implementing the action plan in their own countries.

Italy confirmed its commitment to the issue and reminded that, despite the good achievements made in the last years, the poor and most vulnerable communities remains affected by preventable blindness conditions. It also expressed concern on trachoma, onchocerciasis and rehabilitation management.

After Member States, the chair gave the floor to Dr Chestenov, the Assistant Director-General on noncommunicable diseases and mental health who pointed out the need to ensure a primary health care approach to avoidable blindness and to approve, as soon as possible, the action plan to allow it to become reality. Dr Chestenov was backed by the Director-General that focused on the importance of preventing eye diseases from the childhood and ensuring an affordable eye care surgery as did by China, Cuba and other countries. She concluded the session by reiterating her determination on pushing this agenda item forward in next years.

The proposed resolution was approved with some amendments made by Lithuania on behalf of EU.

Item 14.1 Appointment of the Regional Director for the Americas (Document EB 132/37)

The Executive Board appointed Dr Carissa Etienne as the new Regional Director for WHO's Americas Region (WHO/AMR), following her nomination by the Regional Committee for the Americas in September 2012.

Item 6.5 Disability (Document EB 132/10, EB 132/10 Add.1)

The first in taking the floor was Ecuador on behalf of UNASUR Region that acknowledged the Secretariat for bringing this item into the discussion and recalled to Ecuadorian national programme on disability as a good example of south-south cooperation. Ecuador along with Lithuania on behalf of EU, Norway, Mexico, Panama, and the USA supported the draft resolution on disability and proposed some amendments.

Nigeria, speaking on behalf of the African Region, requested WHO for an increased capacity building at national level as well as for including disability on the post-2015 MDGs agenda. This request was also made by Sweden that recalled the importance of including the disability in a

human right framework and expressed its expectation for the High Level Meeting of the General Assembly on disability and development which will be held on September 2013.

Cuba shared its experience on dealing with disability by adopting a multisectoral and intersectoral approach based on a close collaboration with different sectors of the government. It was backed by South Africa reaffirming that the challenges experienced by people living with disability should be tackled by a broad approach.

In its statement Colombia requested the introduction of indicators on access to infrastructure and the need for disaggregate data according to sex and ethnicity in order to provide useful insights for developing better health strategies.

Among others, Iran – due to the epidemiological importance of these conditions – asked WHO to recognize disability as a world development priority.

Finally Venezuela, requested EB to consider the possibility of having minimum WHO standards for workers with disability as some countries already did.

At the end of the discussion, the Chair asked the Secretariat to prepare a conference paper for the discussion which remains open.