

Highlights from the first day of the 130th Executive Board

Geneva, 16.01.12

The 130th Executive Board started yesterday, Monday 16th January 2011, in Geneva.

The chair immediately opened the discussion on the proposal from the Brazilian delegation for an additional item for the EB agenda to be entitled “United Nations Conference on Sustainable Development” (RIO + 20). The Conference will be held in Rio in June 2012 and, according to the EB document 130/1 Add.1, will be an opportunity to review progress made regarding sustainable development objectives and commitments, as well as to define new goals for the years to come. Brazil asked for a consultation with Member States with the aim of sharing opinions and articulating an international position on health in sustainable development. The delegates who took the floor agreed on this proposal.

After adopting the agenda, Director General, **Dr. Margaret Chan**, gave her opening speech which is available at http://www.who.int/dg/speeches/2011/eb_20120116/en/index.html.

The following item was the **report of the Programme, Budget and Administration Committee of the Executive Board**.

Technical and health matters

Global burden of mental disorders and the need for a comprehensive, coordinated response from health and social sectors at the country level (EB document 130/9)

“*There is no health without mental health: this is a fact*”. This statement made by Seychelles summarizes very well the mood of the delegates during the discussion on EB document 130/9 “Global burden of mental disorders and the need for a comprehensive, coordinated response from health and social sectors at the country level”. Indeed, every countries recognized the magnitude of the global health problem presented by mental health.

India was the first country to take the floor asking for adding this item to the next World Health Assembly (WHA) agenda and presenting a draft resolution cosponsored by US and Switzerland. Recognizing that mental health is the result of factors mainly outside the health system, Norway stated that providing only pharmaceutical products would never be sufficient, thus a collaboration between health and social services is strongly needed.

This perspective was reinforced also by some Latin American countries such as Mexico and

Brazil who went further and asked for adopting a Primary Health Care approach through a shift from hospital to community-based services and a better coordination with the social, educational and occupational sectors.

Some Member States raised the issue of human rights, their violation and the stigmatization of patients with mental health illnesses while others pointed out the importance of addressing this problem in children and adolescent as well as in aging people.

African countries regretted that mental health had been neglected for a long time because of the importance given to physical illnesses and, at the same time, complained about the tremendous lack of adequately trained human resources.

Another point that deserves to be mentioned is the US proposal for changing the wording in the Secretariat report and replace “mental health” with “mental, neurological and substance abuse disorders”. This rewording might entail the risk for mental health and neurological disorders to be put on the same footing, thus applying similar preventive and curative approaches to such different problems. This issue was further discussed during the debate on the draft resolution after the Libyan request to apply the US proposed wording also to the resolution thus changing the scope of the all document. No agreement was reached on this topic so the Secretariat proposed to revise the text and present an updated version the following day.

Finally, three civil society organizations took the floor and, among their proposals, two can be considered particularly relevant: conducting an independent civil society assessment (including consumers) of the progress in the achievement of the action plan and making psychiatric hospitals more human and community-oriented.

Aknowledging the broad perspective provided by Member States comments, the discussion was completely silent with respect to the increasing medicalisation of mental health which is having worldwide several negative consequences such as a change in the public conceptions of mental illness, an increasing individualisation of social problems and a progressive dislocation of responsibility for social problems.

Nutrition (EB documents 130/10, 130/11)

The opening statement was by the Papua New Guinea delegate who praised the draft resolution and stated the progress made by his country in this regard. He however deplored the use of private public partnerships to push interventions saying that market based goods tend to have higher concentration of unhealthy substances. Most Member States commented the draft and noted its prime importance in improving general health status of populations.

Estonia, on behalf EU, highlighted the need to include private sector effort, and stressed that the WHO needs to highlight breastfeeding, by raising concerns that only 30% of children are breastfed in the first 6 month. Brunei noted the significance of having universal health care as it has components of maternal and child provisions and linked malnutrition in early life to obesity

and other NCDs. It supported the International Code on Baby Foods and stated that by increasing maternal job leaves and promoting exclusive breastfeeding they have achieved progresses.

The AFRO region was represented by Cameroon which detailed the successes of the continent in nutrition mentioning vitamin A supplementation, promotion of exclusive breastfeeding and the enactment of baby friendly legislation in fifteen countries. AFRO suggested that governments should be stimulated to properly fund initiatives, emphasis should be given to promoting transformation of local foods and keeping actions focused at the community level.

Many countries called for intersectoral efforts with India adding that there is a need for intersectoral and institutional convergence. Similarly, the benefits of exclusive breastfeeding and the alarming increase in obesity were noted. Norway wants a stronger emphasis on baby friendly hospital initiatives in the draft. The EMRO, represented by Qatar, noted the need for supplements in some cases and highlighted that the political situation in the region was adversely affecting nutrition.

Canada stated that targets must be measurable and adaptable to country situations and requested a background paper from the Secretariat on how it was developed. Canada also noted that the plan should be viewed as a menu of choices for Member States while the US pointed out that marketing of food and non-alcoholic beverages to children was missing and urged standardized guidance of labelling necessary to assist legislative processes at country level.

Syria noted the important role of maternal knowledge in nutrition and Mexico asked for more dialogue between governments and health professionals especially on favorable labour issues for women. Iran saw the need to understand links between non-dietary issues and malnutrition by using blood disorders as an example.

NGOs were heard next with “International Association of breastfeeding consultants”, “Save the Children” and “Consumers international” making submissions.

“Save the Children” suggested that interventions should target the poor and should be aimed at reducing inequity within country and closing health worker gap. “Consumer international” stressed potential areas of conflict of interest in the Scaling Up Nutrition (SUN) private public partnership and the omission of inappropriate promotion of baby foods.

In conclusion, good quality presentations were made on the draft; however, major concerns remain on the role of the private sector and the need to keep such actions at a community level.