

First report of Committee A

Committee A held its second and third meetings on 22 May 2012. These meetings were held under the chairmanship of Dr Zangley Dukpa (Bhutan) and Dr Fenton Ferguson (Jamaica).

It was decided to recommend to the Sixty-fifth World Health Assembly the adoption of the attached resolutions relating to the following agenda items:

13. Technical and health matters

13.1 Prevention and control of noncommunicable diseases

One resolution entitled:

- Strengthening noncommunicable disease policies to promote active ageing

13.2 The global burden of mental disorders and the need for a comprehensive, coordinated response from health and social sectors at the country level

One resolution as amended

Agenda item 13.1

Strengthening noncommunicable disease policies to promote active ageing

The Sixty-fifth World Health Assembly,

Having considered the report on the outcomes of the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases and the First Global Ministerial Conference on Healthy Lifestyles and Noncommunicable Disease Control and the report on the implementation of the global strategy for the prevention and control of noncommunicable diseases and the action plan;

Recalling the Political Declaration of the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases, the Moscow Declaration adopted at the First Global Ministerial Conference on Healthy Lifestyles and Noncommunicable Disease Control (Moscow, 28 and 29 April 2011),¹ and the resolution WHA64.11 on preparations for the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases, following on the Moscow Conference;

Recalling the Millennium Development Goals (MDGs) Follow-up Meeting (Tokyo, 2 and 3 June 2011), with the participation of more than 110 countries, about 20 United Nations or regional organizations and civil society organizations, at which it was agreed that noncommunicable diseases are emerging global challenges not only for the post-2015 era, but which also threaten the achievement of the internationally agreed development goals including the Millennium Development Goals;

Noting that an estimated 36 million of the 57 million deaths in the world in 2008 were due to noncommunicable diseases, such as cardiovascular diseases, cancers, chronic respiratory diseases and diabetes, which are largely caused by four common risk factors, namely tobacco use, harmful use of alcohol, unhealthy diet and lack of physical activity, and that nearly 80% of those deaths occurred in developing countries;

Noting that as noncommunicable diseases become more prevalent among older persons, there is an urgent need to prevent noncommunicable disease-related disabilities and to plan for long-term care;

Noting with profound concern that ageing is among the major contributory factors to the rising incidence and prevalence of noncommunicable diseases, which are leading causes of preventable morbidity and disability;

Noting further that the ageing population would require access to affordable medicines in order to enhance healthy ageing;

Noting also the demographic change, with the world's population aged 60 years or more increasing at more than three times the overall population growth rate and expected to rise to about 1200 million in 2025; that the ageing of populations has public health and economic implications, including rising rates of noncommunicable diseases; and also the importance of lifelong health-promotion and disease-prevention activities that can prevent or delay, for example, the onset and severity of noncommunicable diseases and promote healthy ageing;

Recalling resolutions WHA52.7 and WHA58.16 on active ageing that urged Member States to take measures that ensure the highest attainable standard of health and well-being for the rapidly growing numbers of older persons in both developed and developing countries;

Recalling further United Nations General Assembly resolution 57/167, which endorsed the Political Declaration and the Madrid International Plan of Action on Ageing, as well as other relevant resolutions on ageing;

Noting that the Political Declaration of the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases recognizes that mental and neurological disorders, including Alzheimer's disease, are an important cause of morbidity and contribute to the global burden of noncommunicable diseases, and therefore it is necessary to provide equitable access to effective health programmes and interventions, including for the whole population, from an early age;

Recognizing the importance of gender-based approaches, solidarity and mutual support for social development, of the realization of the human rights of older persons, of promoting quality of life, health equity and the prevention of age discrimination, and of promoting social integration of aged citizens;

Acknowledging the Rio Political Declaration on Social Determinants of Health, which expressed the determination to achieve social and health equity through actions on the social determinants of health and well-being with a comprehensive intersectoral approach;

Noting the WHO Framework Convention on Tobacco Control and related WHO strategies and action plans, underscoring the importance of addressing common risk factors for noncommunicable diseases;

Welcoming WHO's focus on prevention and control of noncommunicable diseases through public health action, a primary health care approach and comprehensive health system strengthening,

1. URGES Member States:¹

- (1) to develop, implement, monitor and evaluate policies, programmes and multisectoral action on noncommunicable disease prevention and health promotion in order to strengthen healthy ageing policies and programmes and promote the highest standard of health and well-being for older persons;
- (2) to strengthen intersectoral policy frameworks and institutional mechanisms, as appropriate, for integrated management of prevention and control of noncommunicable diseases, including health promotion, health-care and social-welfare services, in order to address the needs of older persons;
- (3) to ensure, where appropriate, that national health strategies on noncommunicable diseases contribute to the achievement of the Millennium Development Goals;

¹ And where applicable, regional economic integration organizations.

- (4) to promote, as appropriate, conditions that enable individuals, carers, families and communities to encourage healthy ageing, including care for, provision of support to and protection of older persons, taking into account physical and psychological aspects of ageing, and to focus on intergenerational approaches;
- (5) to encourage the active participation of older people in society and in their local community;
- (6) to strengthen cooperation and partnership among Member States¹ at all levels of government, among stakeholders, academia, research foundations, the private sector and civil society, in order to implement plans and programmes effectively;
- (7) to highlight the importance of a primary health care approach in national health-care planning, in close collaboration with social services, and of enabling integration of health promotion and prevention and control of noncommunicable diseases into ageing policies;
- (8) to encourage making available measures and resources to provide health promotion, health care and social protection for healthy and active ageing, paying special attention to access to affordable medicines and the importance of training, education and capacity-building of the health workforce in collaboration with WHO and partners;
- (9) to further strengthen monitoring and evaluation systems for generating and analysing data on noncommunicable diseases, disaggregated by age, sex and socioeconomic status, with the aim of developing equitable evidence-based policies and planning for older persons;

2. REQUESTS the Director-General:

- (1) to provide support to Member States in promoting and facilitating further implementation of commitments made at relevant United Nations conferences and summits on noncommunicable diseases and ageing;
- (2) to provide support to Member States in placing emphasis on health promotion and disease prevention throughout the life-course starting at the earliest stage possible, including multisectoral approaches to healthy ageing, integrated care for older persons and support for providers of formal and informal welfare services;
- (3) to support Member States in developing policies and programmes for access to affordable medicines for the ageing;
- (4) to provide further support to Member States in raising awareness of healthy and active ageing and on the positive aspects of ageing by means that include ageing-specific policies and the mainstreaming of ageing in their national strategies;
- (5) to support the advancement of country-level systems for monitoring noncommunicable diseases, as appropriate, and continue to develop a comprehensive global monitoring system for prevention and control of noncommunicable diseases to track trends and monitor progress in implementation of the Political Declaration;

¹ And where applicable, regional economic integration organizations.

(6) to raise the priority given to prevention and control of noncommunicable diseases on the agendas of relevant forums and meetings of national and international leaders in advance of a post-2015 global development agenda;

(7) to consider making the focus of *The world health report 2014* the global status of ageing, recognizing the importance of strengthening information systems through the inclusion of older adults in the collection, analysis and dissemination of data and information on health status and risk factors;

(8) to report to the Sixty-sixth World Health Assembly, through the Executive Board, on progress made in implementing this resolution.

Agenda item 13.2

The global burden of mental disorders and the need for a comprehensive, coordinated response from health and social sectors at the country level

The Sixty-fifth World Health Assembly,

Having considered the report on the global burden of mental disorders and the need for a comprehensive, coordinated response from health and social sectors at the country level;

Recalling resolution WHA55.10, which, inter alia, urged Member States to increase investments in mental health, both within countries and in bilateral and multilateral cooperation, as an integral component of the well-being of populations;

Recalling further United Nations General Assembly resolution 65/95, which recognized that mental health problems are of major importance to all societies and are significant contributors to the burden of disease and the loss of quality of life, and have huge economic and social costs, and which also welcomed the WHO report on mental health and development that highlighted the lack of appropriate attention to mental health and made the case for governments and development actors to reach out to people with mental disorders in the design of strategies and programmes that include those people in education, employment, health, social protection and poverty reduction policies;

Noting the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases (New York, 19–20 September 2011), at which it was recognized that mental and neurological disorders, including Alzheimer's disease, are an important cause of morbidity and contribute to the global noncommunicable disease burden, necessitating provision of equitable access to effective programmes and health-care interventions;

Recognizing that mental disorders can lead to disabilities, as reflected in the United Nations Convention on the Rights of Persons with Disabilities, which also notes that disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others, and that the World report on disability charts the steps that are required to improve the participation and inclusion of people with disabilities, including persons with mental disabilities;

Recognizing also that mental disorders fall within a wider spectrum that also includes neurological and substance-use disorders which also cause substantial disability and require a coordinated response from health and social sectors;

Concerned that millions of people worldwide are affected by mental disorders, that in 2004, mental disorders accounted for 13% of the global burden of disease, defined as premature death combined with years lived with disability, and that, when taking into consideration only the disability component of the burden of disease calculation, mental disorders account for 25.3% and 33.5% of all years lived with a disability in low- and middle-income countries, respectively;

Concerned also that exposure to humanitarian emergencies is a potent risk factor for mental health problems and psychological trauma and that social structures and ongoing formal and informal care of persons with severe, pre-existing, mental disorders are disrupted;

Recognizing further that the treatment gap for mental disorders is large all over the world, that between 76% and 85% of people with severe mental disorders in low- and middle-income countries receive no treatment for their mental health conditions, and that the corresponding figures for high-income countries are also high – between 35% and 50%;

Recognizing in addition that a number of mental disorders can be prevented and that mental health can be promoted in the health sector and in sectors outside health;

Concerned that persons with mental disorders are often stigmatized, and underlining the need for health authorities to work with relevant groups to change attitudes to mental disorders;

Noting also that there is increasing evidence on the effectiveness and cost-effectiveness of interventions to promote mental health and prevent mental disorders, particularly in children and adolescents;

Noting further that mental disorders are often associated with noncommunicable diseases and a range of other priority health issues, including HIV/AIDS, maternal and child health, and violence and injuries, and that mental disorders often coexist with other medical and social factors, such as poverty, substance abuse and the harmful use of alcohol, and, in the case of women and children, greater exposure to domestic violence and abuse;

Recognizing that certain populations live in a situation that makes them particularly vulnerable to developing mental disorders, and the consequences thereof;

Recognizing that the social and economic impact of mental disorders, including mental disabilities, is diverse and far-reaching;

Taking into account the work already carried out by WHO on mental health, particularly through its Mental Health Gap Action Programme,

1. URGES Member States:

- (1) according to national priorities and within their specific contexts, to develop and strengthen comprehensive policies and strategies that address the promotion of mental health, prevention of mental disorders, and early identification, care, support, treatment and recovery of persons with mental disorders;
- (2) to include in policy and strategy development the need to promote human rights, tackle stigma, empower service users, families and communities, address poverty and homelessness, tackle major modifiable risks, and as appropriate, promote public awareness, create opportunities for generating income, provide housing and education, provide health-care service and community based interventions, including deinstitutionalized care;
- (3) to develop, as appropriate, surveillance frameworks that include risk factors as well as social determinants of health to analyse and evaluate trends regarding mental disorders;
- (4) to give appropriate priority to and to streamline mental health, including the promotion of mental health, the prevention of mental disorders, and care, support and treatment in programmes addressing health and development, and to allocate appropriate resources in this regard;

- (5) to collaborate with the Secretariat in the development of a comprehensive mental health action plan;

2. REQUESTS the Director-General:

- (1) to strengthen advocacy, and develop a comprehensive mental health action plan with measurable outcomes, based on an assessment of vulnerabilities and risks, in consultation with and for consideration by Member States, covering services, policies, legislation, plans, strategies and programmes to provide treatment, facilitate recovery and prevent mental disorders, promote mental health and empower persons with mental disorders to live a full and productive life in the community;

- (2) to include, in the comprehensive mental health action plan, provisions to address:

- (a) assessment of vulnerabilities and risks as a basis for developing the mental health action plan;
- (b) protection, promotion and respect for the rights of persons with mental disorders including the need to avoid stigmatization of persons with mental disorders;
- (c) equitable access to affordable, quality and comprehensive health services that integrate mental health into all levels of the health-care system;
- (d) development of competent, sensitive, adequate human resources to provide mental health services equitably;
- (e) promotion of equitable access to quality health care including psychosocial interventions and medication and addressing physical health-care needs;
- (f) enhancement of initiatives, including in policy, to promote mental health and prevent mental disorders;
- (g) access to educational and social services, including health care, schooling, housing, secure employment and participation in income-generation programmes;
- (h) involvement of civil society organizations, persons with mental disorders, families and caregivers in voicing their opinions and contributing to decision-making processes;
- (i) design and provision of mental health and psychosocial support systems that will enable community resilience and will help people to cope during humanitarian emergencies;
- (j) participation of people with mental disorders in family and community life and civic affairs;
- (k) design of mechanisms to involve the education, employment and other relevant sectors in Member States in the implementation of the mental health action plan;
- (l) building upon the work already done and avoidance of duplication of action;

- (3) to collaborate with Member States and, as appropriate, with international, regional and national nongovernmental organizations, international development partners and technical agency partners in the development of the mental health action plan;
- (4) to work with Member States and technical agencies to promote academic exchange, through which to contribute to policy-making in mental health;
- (5) to submit the comprehensive mental health action plan, through the Executive Board at its 132nd session, for consideration by the Sixty-sixth World Health Assembly.

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