

FIFTH MEETING

Wednesday, 22 May 2013, at 14:30

Chairman: Dr W.T. GWENIGALE (Liberia)

later: Dr L.G. ROSS (Solomon Islands)

later: Dr W.T. GWENIGALE (Liberia)

1. NONCOMMUNICABLE DISEASES: Item 13 of the Agenda (continued)

Draft action plan for the prevention of avoidable blindness and visual impairment 2014–2019:
Item 13.4 of the Agenda (Documents A66/11, A66/11 Add.1 and EB132/2013/REC/1, resolution EB132.R1) (continued)

Mr TOSCANO VELASCO (Mexico) commended the draft action plan for the prevention of avoidable blindness and visual impairment 2014–2019, because it provided clear information on the number of people with visual impairment and the impact on development at both national and international levels. As a result of a lack of eye-care services, 120 million people experienced visual impairment from uncorrected refractive errors, placing an economic burden on countries through lost productivity and increased health care and social costs. According to WHO, 80% of cases of visual impairment could be avoided or cured. He welcomed the draft action plan, which was linked to universal access and in line with relevant national plans.

Ms JAMEEL (Maldives) supported the draft action plan and outlined several measures that had been introduced in Maldives, including an allowance for people with visual impairment and clinics in areas without ophthalmology services, provided by nongovernmental organizations with private sector support. She drew attention to the prevalence of ocular toxoplasmosis, particularly in the south of the country. Actions to prevent the spread of the condition required an integrated approach, including improving skill in early diagnosis and conducting prevalence surveys.

Mrs CHARLES-STIJNBERG (Suriname) said that the draft action plan provided guidance for working towards prevention of avoidable blindness and visual impairment. However, the financial aspects of objective 1 were a cause for concern and WHO might have to support countries in seeking financial assistance for carrying out population eye surveys. She drew attention to the need to integrate eye health screening in services dealing with chronic diseases, such as hypertension and diabetes, as it was crucial to detect and treat early-stage eye complications from those diseases. She called on WHO to support further development and implementation of the proper protocols, for example, expansion of chronic care “passports”. She endorsed the draft resolution.

Dr AFZAL (Pakistan) drew attention to the adverse impact of blindness on life expectancy and quality of life, with consequences such as lost productivity, financial insecurity and social isolation. She would welcome collaboration with WHO and its partner agencies in order to scale up Pakistan’s avoidable blindness programme. The draft action plan contained in document A66/11, which incorporated lessons learnt from the Action plan for the prevention of avoidable blindness and visual impairment 2009–2013, offered continuity and should stimulate the actions already being undertaken. She endorsed the draft resolution.

Ms Yu-Hsuan LIN (Chinese Taipei) commended the Secretariat's report and emphasized the importance of comprehensive and evidence-based eye health policies. Myopia was a major visual health problem in Chinese Taipei, Hong Kong Special Administrative Region (China), Singapore, and many other Asian countries. In Chinese Taipei, 22% and 70% of grade 1 and grade 6 students, respectively, had myopia, which could lead to serious loss of vision or blindness. Because effective preventive measures were not yet available, a prevention programme promoting outdoor activity was being trialled to ascertain whether myopia and visual deterioration in elementary schoolchildren could be prevented. In an ageing population, there was likely to be an increase in diabetic retinopathy, which could also cause blindness and should be treated as early as possible. The condition should be included in health promotion activities in order to sensitize the public to the link between diabetes and retinopathy. Chinese Taipei was eager to share its experiences in regional health promotion.

Dr CHESTNOV (Assistant Director-General) thanked the delegates for their comments, as well as their guidance in drafting the action plan. He assured the delegate of Zambia that his proposal on decentralizing ownership of the plan would be taken into consideration and included in the text. The facts and figures provided by Member States were helpful. Between 2004 and 2010, the number of people worldwide with visual impairment was estimated to have dropped from 314 million, of whom 45 million were blind, to 285 million, of whom 39 million were blind, corresponding to a reduction of about 10% in visual impairment globally. The next joint objective should be to focus on the 1.8 million people worldwide who had been irreversibly blinded by trachoma, as well as the estimated 20 million people who were blind as a result of cataracts, a condition that could be reversed through simple and effective surgery. Implementation of the draft action plan could prevent millions more cases of avoidable blindness.

The CHAIRMAN said that, in the absence of any comments, he took it that the Committee wished to approve the draft resolution contained in resolution EB132.R1.

The draft resolution was approved.¹

Disability: Item 13.5 of the Agenda (Documents A66/12 and EB132/2013/REC/1, resolution EB132.R5)

Dr MOHAMED (Maldives, representative of the Executive Board) said that, at its 132nd session, the Executive Board had considered a report on the findings and recommendations of the *World report on disability* and had adopted resolution EB132.R5. The Health Assembly was invited to consider the draft resolution contained in resolution EB132.R5.

Professor DATTA (Bangladesh) commended the comprehensive report on disability and looked forward to the outcome of the High-level Meeting of the United Nations General Assembly on disability and development to be held on 23 September 2013. His Government regarded the prevention of disability as a priority and had devised a national strategic plan on the surveillance and prevention of disability covering the period 2011–2015. It was also striving to raise awareness about autism. Cases of autism spectrum disorder were increasing in all Member States; however, the nature of the condition had only recently been fully recognized and continued to pose grave problems, in particular for families and teachers. Further attention was being focused on autism as a result of United Nations General Assembly resolution 67/82 addressing the socioeconomic needs of individuals, families and societies affected by autism spectrum disorders, developmental disorders, and associated disabilities, and resolution SEA/RC65/R8 on comprehensive and coordinated efforts for the management of autism spectrum disorders and developmental disabilities adopted by the Regional Committee for South-East Asia at its sixty-fifth session. The Executive Board would also be considering a draft resolution on

¹ Transmitted to the Health Assembly in the Committee's second report and adopted as resolution WHA66.4.

autism at its 133rd session and he urged Member States to support it. He endorsed the draft resolution on disability but pointed out that his country would need technical support for gearing up activities to prevent and control disabilities.

Dr CHAND (Nepal), speaking on behalf of the Member States of the South-East Asia Region, commended the draft resolution on disability. It was estimated that 15% of the population of his Region had a disability. The plight of people living with disability had been recognized in several recent international resolutions and would be given further exposure as a result of the High-level Meeting of the United Nations General Assembly on disability and development to be held on 23 September 2013.

He proposed the following amendments to the draft resolution. The words “through universal health coverage” should be inserted at the end of the eighth preambular paragraph; the word “their” should be replaced by “both formal and informal caregivers” after “Noting that” in the tenth preambular paragraph; the phrase “as mentioned in Article 5 of the Convention” should be inserted after “to develop” in subparagraph 2(2); and the words “to gather appropriate sex and age-disaggregated data” should be replaced with “to establish and strengthen monitoring and evaluating systems” in subparagraph 2(3). Also, subparagraph 2(8) should be rephrased to read: “to consider providing health services to the disabled as an investment rather than expenditure; it will reduce discrimination and denial and increase respect for the rights of the disabled”; and the phrase “and Member States” should be inserted after “United Nations organizations” in subparagraph 3(6). He further proposed inserting an additional paragraph between the seventh and eighth preambular paragraphs of the draft resolution, which would read: “Noting also that there are differences between physical disability and disability arising out of mental illness, including autism, particularly in the ways in which the disability impacts on the persons concerned, their families and caregivers, and in the varying requirements of treatment and care involved.”

Professor PRASAD (India) drew attention to the need to recognize clearly the difference between physical disability and disability caused by mental illness, especially in terms of the stigmatization of people with mental disorders and the loss of capacity in the context of access to treatment. The rights of persons with disabilities, laid down in the United Nations Convention on the Rights of Persons with Disabilities, differed across a range of disabilities and the responses required in some cases went beyond the purview of the health sector.

Mr BEDFORD (Australia) expressed support for the draft resolution and its adoption by the Health Assembly; it would be a useful prelude to the High-level Meeting of the United Nations General Assembly on disability and development. The draft resolution highlighted the recommendations contained in the *World report on disability* and the health aspects of the United Nations Convention on the Rights of Persons with Disabilities, and its adoption would allow the Health Assembly to consider those recommendations. He congratulated WHO and the World Bank on producing the *World report on disability*, for which his country had provided financial backing. That report confirmed that persons with disabilities encountered a range of barriers in attempting to access health services, leading to unmet health needs.

Dr DATOR (Philippines) strongly recommended that the Health Assembly adopt the draft resolution. His Government recognized its responsibility for ensuring that persons with disabilities had full access to health care services, that informal caregivers received the support they needed, and that rehabilitation services were made available, so that persons with disabilities could participate fully in society, all of which depended on a multisectoral approach. He outlined the steps that had been taken in his country in that regard, including a five-year plan covering persons with disabilities. He urged the Secretariat to expedite the release of the standardized disability survey instrument so that it could be implemented in countries, thereby improving the reliability of data. The forthcoming High-level

Meeting of the United Nations General Assembly should encourage governments to give priority to the concerns of persons with disabilities.

Ms WENDLING (Germany) expressed support for the draft resolution and described the steps that had preceded the adoption in her country of an action plan to ensure the inclusion of persons with disabilities, as a prelude to implementation of the United Nations Convention on the Rights of Persons with Disabilities.

Dr KAMALIAH MOHAMAD NOH (Malaysia) commended the report on disability and the efforts being made to mainstream the subject. She described the approach being adopted in her country, some aspects of which were being implemented in order to maximize the use of scarce resources. Although the International Classification of Functioning, Disability and Health worked well at the individual level and for comparing data across countries, its use in primary care needed to be reconsidered. She therefore requested the Secretariat to prepare a generic core data set that was suitable for primary health care settings. She endorsed the draft resolution.

Dr KESKINKILIÇ (Turkey) expressed support for both the report on disability and the draft resolution. In order to improve the quality of life of persons with disabilities, measures dealing with both health and social needs, as well as support from other United Nations agencies, were needed. He looked forward to the prompt availability of the guidelines on rehabilitation being prepared by the Secretariat and emphasized the need to include disability in the post-2015 development agenda.

Dr GHEBREHIWET (Eritrea), speaking on behalf of the Member States of the African Region, stated that disability extended beyond the sphere of health and had social and environmental implications that also needed to be tackled. In Africa, people with disabilities encountered a range of barriers, including barriers to health care, education, transport, employment, physical infrastructure and communication. Only a small percentage of people with disabilities received the assistance they needed. The United Nations Convention on the Rights of Persons with Disabilities reinforced the understanding of disability as an issue relating to human rights and development, but he expressed concern about its effective implementation in Africa, because of a shortage of dedicated professionals, insufficient reliable data on disability, and weak policies and legislation. He therefore recommended that the health sector should adopt the relevant articles in the Convention, including those on health and rehabilitation.

Ms FERNÁNDEZ DE LA HOZ ZEITLER (Spain) said that WHO's work on disability should be guided by the United Nations Convention on the Rights of Persons with Disabilities, which had changed its focus from a medical and rehabilitation perspective to one centred on human rights. Her Government had already shown its commitment to improving the lives of people with disabilities, but more strenuous efforts in promoting their rights were needed. The report contained in document A66/12 provided novel approaches to supporting people with disabilities; she endorsed the draft resolution, particularly as it took account of recent developments. Her Government, with that of the Philippines, had been named co-facilitator of the final document for the High-level Meeting of the United Nations General Assembly on disability and development in September 2013, which she hoped would serve to strengthen countries' commitment to integrating the rights of persons with disabilities in overall human development actions.

Ms GREENLEE (United States of America) expressed broad support for the draft resolution and proposed amendments to subparagraph 2(7) such that it would then read: "to promote and strengthen integrated community-based supports and services as a multisectoral strategy that empowers all persons with disabilities to access, benefit from, and participate fully in inclusive education, employment, health and social services". She also proposed that the words "supports and services" be inserted before "and health" in subparagraph 3(5). She recommended using "supports and

services” where possible rather than “rehabilitation programmes”, to communicate the idea that human beings exist along a continuum of abilities. WHO should continue to exercise leadership in improving health and socioeconomic outcomes and furthering full inclusion of persons with disabilities, ensuring that the latter continued to be actively engaged in the design and implementation of such efforts. She commended WHO’s commitment to inclusiveness in its own sphere of activities. With regard to the amendments proposed by the delegate of Nepal, the idea of separating out different types of disability, such as those related to mental health or autism, gave cause for concern, as in her view such a distinction was not desirable.

Mr EMANUELE (Ecuador), speaking on behalf of the Member States of the Union of South American Nations, said that they were making significant efforts to advance in the area of disability, with a view to ensuring inclusion and access to integral health services for people with disabilities, thereby safeguarding their rights. The region had a record of successful experiences that had served as benchmarks for other States in Latin America, leading to successful cases of South–South and triangular cooperation.

Global estimates of the number of people with some form of disability – 15% of the world population – were alarming, and countries needed to provide a stronger response to the issue, which had long been considered a minor matter. He encouraged WHO Member States to approve the draft resolution, thereby committing themselves to strengthen their response. A good plan of action entailing a holistic approach was also important if the resolution was to be of practical benefit to those suffering from some form of disability. To that end, he recommended consultations with all interested parties that focused on the requisite intersectoral approach and on discussion of aspects such as operational concepts, criteria for assessing the seriousness of disabilities, types of disability, involvement of health teams and social networks, dissemination of the results, and in particular the role of international cooperation. Those discussions should be based on successful experiences in different regions and subregional initiatives such as the Andean disability policy. It was also important for the plan to be structured and coordinated with other international instruments, such as the Convention on the Rights of Persons with Disabilities and with the outcomes of the United Nations General Assembly High-level Meeting on disability and development, and that it should follow the WHO reform guidelines, thereby strengthening health governance. WHO should set aside the resources needed to prepare the plan of action, thereby ensuring its timely implementation.

Dr NDIAYE (Senegal) said that in Senegal 1.4% of a total population of 10 million lived with a disability. Specialized services were rare and mainly located in the larger towns. His Government had ratified the United Nations Convention on the Rights of Persons with Disabilities and had also introduced legislation and measures of its own to improve the lives of persons living with disabilities. As well as endorsing the draft resolution, he welcomed the recommendations contained in the report, in particular the involvement of people with disabilities in the implementation of the recommendations and strengthening the capacity of health professionals in the field of disability. A presidential council on disability was due to be organized in his country during the next three months in order to highlight the need to include the target group in policy-making. He requested financial and technical support to facilitate the achievement of the objectives.

Dr DIAZ ANAIZ (Chile) commended the report on disability. In line with its commitments under the United Nations Convention on the Rights of Persons with Disabilities, his Government had introduced legislation that focused on strengthening rehabilitation services through their integration in the national health care system. It had also prepared guidelines on treating people with disabilities; given priority to managing autism, blindness and visual impairment; provided support to caregivers; enhanced the training of health care workers, and introduced a new classification network based on the International Classification of Functioning, Disability and Health. Thus he strongly supported the draft resolution as it reflected the measures already being taken in Chile and would serve to place disability firmly on countries’ agendas.

Dr AL-TAAE (Iraq) said that the approach taken in Iraq centred on the integration of services for the prevention and early detection of disability in all levels of health care. Early detection of disability should be a component of countries' medical services, including for family medicine, reproductive health, nutritional needs, birth defects, micronutrient deficiency, and injuries and accidents, as well as being part of a disaster response system. He emphasized the role of health promotion and community-based initiatives and drew attention to the implications of disability and its prevention for social determinants of health.

Mr LAHLOU (Morocco) said that Morocco had adopted numerous legal, institutional and organizational instruments over the past 20 years that were based on and fully consistent with the recommendations referred to in the report. It had enacted laws and decrees enshrining the rights of persons with disabilities. In 1995 Morocco had established the Office of the High Commissioner for Persons with Disabilities and in 2003 the Office of the Secretary of State for the Family, Solidarity and Social Action, which had become the Ministry of Solidarity, Women, the Family and Social Development in 2007. On 8 April 2009 Morocco had ratified the Convention on the Rights of Persons with Disabilities and in 2011 it had adopted a new Constitution, Article 34 of which required the public authorities to formulate and implement policies on behalf of individuals and groups with special needs.

As prevention played a key role in impeding any increase in disability rates, the Ministry of Health made preventive services available to such groups through health care institutions. It was also developing special medical training facilities, promoting the production of artificial limbs and the correction of deformities, ensuring supplies of medical equipment, developing strategies aimed at building professional capacity and promoting partnerships with actors working on behalf of persons with disabilities. Morocco requested WHO's support for the implementation of various measures under its Action Plan for 2012–2016.

He made four proposals. First, standard tools should be used for the compilation of data concerning disabilities and Member States should adjust them in the light of the prevailing social and economic context. Secondly, in the interests of equality and non-discrimination, the term "persons with disabilities" should be replaced with "persons with limited participation in occupational, social and family life". Thirdly, given the diversity of disabilities and associated needs, an integrated strategy should be developed for each type of disability, with countries taking into account all preventive, relief and therapeutic dimensions in each case. Lastly, Member States should be encouraged to share their expertise and the results of successful experiments.

Mr JONES (Canada) said that the federal Government was committed to improving the social and economic inclusion of persons with disabilities and to respecting its obligations under the United Nations Convention on the Rights of Persons with Disabilities. He supported the draft resolution with the amendments proposed by the delegate of the United States of America and acknowledged the need to gather information on the situation of persons with disabilities, as called for in subparagraph 2(3).

Dr AL WAHAIBI (Oman) proposed that an integrated and multisectoral approach should be adopted to elimination of the barriers encountered by persons with disabilities. The incorporation of a disability perspective into development was also an appropriate and productive way of meeting the needs of persons with disabilities. He supported adoption of the draft resolution.

Dr PITAKPOL BOONYAMALIK (Thailand) welcomed the recommendations contained in the *World report on disability* as they represented strategies for implementing the United Nations Convention on the Rights of Persons with Disabilities. Thailand would be ready to participate in future work and in the drafting of a comprehensive action plan. He strongly supported the draft resolution but pointed out that people with mental disorders disproportionately encountered barriers to the full enjoyment of their rights, and that specific actions and indicators should therefore be included in any

future action plan. A strategy for mitigating the stigmatization attached to disability should also be included.

Dr SADRIZADEH (Islamic Republic of Iran) welcomed the comprehensive report on disability. He drew attention to the consequences that could arise from placing too strong a reliance on institutional solutions, as well as to problems associated with a lack of community living and with inadequate services that left people with disabilities isolated and dependent on others. Ensuring the independence of disabled persons should therefore be a pillar of national disability strategies and action plans. It was also important to reinforce the dignity of people with disabilities by preventing discrimination and stigmatization. The answer lay in appropriate national policies and strategies, as well as a comprehensive multisectoral approach that people with disabilities were involved in formulating.

Mr VIEGAS (Brazil), noting the particular vulnerability of people with disabilities to avoidable secondary health problems related to ageing, poverty, education and other social determinants of health, highlighted the need for inclusive policies, especially in developing countries. He outlined the measures and policies being adopted in Brazil to improve the lives of people living with disabilities, including strengthening their basic rights in the areas of education, transport, professional qualifications, accommodation and health.

Recognizing the importance of the support and leadership of WHO, he supported the proposal of the delegate of Ecuador calling for a plan of action to be prepared, for submission to the Sixty-seventh World Health Assembly. He supported the draft resolution.

Professor ELIRA-DOKEKIAS (Congo) pointed out that the nature of disability required a multisectoral rather than an exclusively health sector approach. The report and draft resolution focused on rehabilitation rather than on identifying and controlling risk factors or determinants, which particularly affected the African Region. The report should have included poliomyelitis and alcohol consumption by pregnant women as they represented significant risk factors; poliomyelitis eradication and raising awareness of the harmful effect of alcohol consumption on babies should be included in the draft resolution. Both aspects were preventive in nature and represented an integrated approach to managing disability.

Dr NGOC KHUE LUONG (Viet Nam) proposed the following amendments to the draft resolution: the words “and to improve their quality of life” should be inserted after “human rights” in paragraph 1; the words “social protection” should be added after the words “adequate financing” in subparagraph 2(4); and the words “technical and financial” should be inserted after “to provide” at the beginning of subparagraph 3(1).

Dr BASTAKI (Kuwait) urged WHO to include adoption of the forthcoming action plan in its future agenda. She outlined numerous ways of preventing or reducing the likelihood of disability, including improved pre- and postnatal care and premarital counselling, particularly in highly consanguineous communities, pre-conception screening for genetic disorders, and improving newborn screening programmes to include all conditions that could lead to disability.

Professor MESBAH (Algeria) endorsed both the report and draft resolution on disability, noting that they validated Algeria’s long-standing approach of including prevention and management of disabilities in all public policies.

Mr HOLM (Sweden) welcomed the increased attention being paid to disability by the United Nations, adding that it must be translated into concrete action. The United Nations Partnership on the Rights of Persons with Disabilities augured well. The High-level Meeting of the United Nations General Assembly on disability and development, to be held in September 2013, would provide an

opportunity to consider all aspects of disability in the context of the post-2015 development agenda. He expressed support for the draft resolution and especially welcomed the provisions on improved data collection contained in the draft resolution and commended the inclusion of statistics and indicators in the *World report on disability*. Standardized and internationally comparable data were essential for benchmarking and monitoring progress, as well as in following up on attainment of the Millennium Development Goals and in preparing a post-2015 development framework. He supported the drafting of a comprehensive action plan on disability for submission to a future Health Assembly.

Ms Su-Wen TENG (Chinese Taipei) endorsed the recommendations contained in the draft resolution on implementing the provisions of the United Nations Convention on the Rights of Persons with Disabilities. She outlined some measures that had been introduced in Chinese Taipei to promote the rights of people living with disabilities, including legislation and systems for identifying and assessing disability in accordance with the International Classification of Functioning, Disability and Health, as well as a model linking disability evaluation and social welfare. Chinese Taipei looked forward to sharing its experiences and contributing to the work of the international community.

Ms FENU (CBM), speaking at the invitation of the CHAIRMAN, said that the recommendations contained in the *World report on disability* provided a comprehensive framework for action and had raised awareness of disability-related issues at the national level. She urged WHO to continue its work on the topic through a participatory and multisectoral approach, taking into account the views of nongovernmental organizations, representatives of disabled persons' organizations and persons with disabilities themselves; to support a disability-inclusive post-2015 development agenda, with particular emphasis on data collection, health care and rehabilitation; to provide support to Member States for the collection of disaggregated data on disability; and to continue its internal reform to develop into an organization that was inclusive and accessible to persons with disabilities.

Dr TONNEVOLD (International Society for Prosthetics and Orthotics), speaking at the invitation of the CHAIRMAN, after describing the success of his life after being fitted with two prosthetic legs, said that there was a wide range of assistive technologies available, such as prostheses, orthoses and wheelchairs, which could enable persons with physical disabilities to become healthy, independent and productive members of society. It was estimated that 354 million persons worldwide would benefit from such devices, but only 5% to 15% of current needs were being met. The need for those devices would only continue to rise as a result of the growing prevalence of noncommunicable diseases and the increase in ageing populations. He encouraged WHO to prioritize access to assistive technologies and promote a global initiative to increase access to such devices.

Ms SYKES (World Confederation for Physical Therapy), speaking at the invitation of the CHAIRMAN, said that steps needed to be taken to redress the imbalance in access to health services experienced by person with disabilities. Consultation with physical therapists and other rehabilitation specialists, and investment in education, were essential in the development of national disability strategies, programmes and services. Moreover, collection of reliable and accurate data was needed in order to inform policies and programmes, and she encouraged Member States to use the International Classification of Functioning, Disability and Health to that end.

Ms KOCA (World Blind Union), speaking at the invitation of the CHAIRMAN, said that the social model of disability reflected in Article 1 of the United Nations Convention on the Rights of Persons with Disabilities should form the basis of all efforts to protect the rights of such persons. Owing to exclusion and discrimination, persons with disabilities often had unmet health care needs and disproportionately poorer levels of health than the general population. The draft resolution should take into account the need for consultation with persons with disabilities and their representative organizations; should ensure that WHO took account of the rights of persons with disabilities when

fulfilling its mandate; should recommend that international cooperation activities be funded only if they included attention to the rights of persons with disabilities; and should ensure that persons with disabilities and their representative organizations be consulted during elaboration of the comprehensive action plan.

Professor GUTENBRUNNER (International Society of Physical and Rehabilitation Medicine), speaking at the invitation of the CHAIRMAN, said that rehabilitation was a core health strategy and that equity of access to rehabilitation programmes and health services was a basic human right. The *World report on disability* had stated that a lack of reliable research hindered the development and implementation of effective rehabilitation policies and programmes; consequently, he urged Member States to undertake and promote scientific research on functioning and disability, to strengthen international cooperation on research in that area, and to facilitate access to scientific and technical knowledge relevant to the lives and living conditions of persons with disabilities. The importance of research should be explicitly reflected in the action plan that would be developed.

Mr MONSBAKKEN (Rehabilitation International), speaking at the invitation of the CHAIRMAN, said that both the draft resolution and the *World report on disability* provided a clear picture of the barriers faced by persons with disabilities that needed to be addressed. He urged WHO to ensure the implementation of the recommendations from the report and to use the United Nations General Assembly High-level Meeting on disability and development as an opportunity to raise awareness of the need to address the problems faced by persons with disabilities.

Miss DHATT (International Federation of Medical Students' Associations), speaking at the invitation of the CHAIRMAN, said that of the 1000 million people worldwide living with disabilities, 180 million were young people. Young people faced unique issues, including access to education, employment, health care and social services, as well as experiencing increased prevalence of mental health issues and sexual and reproductive health needs; those challenges were further compounded for young persons living with disabilities. Their views and needs should therefore be taken into account in discussions about disability. Moreover, it was crucial that persons with disabilities were included in policy-making processes, and that steps were taken to ensure that they had equal access to all public activities and services. Health care workers should also be educated to increase their awareness of the health needs of persons with disabilities and the need for respectful and professional treatment, and to further understanding of the causes, consequences and treatment of disabling conditions.

Dr KRUG (Injuries and Violence, Prevention of Disability), acknowledging the comments made, agreed that it was important to look at the issue from a human rights perspective as well as from a health perspective. He welcomed the comments on the *World report on disability* and stressed that WHO would continue to provide support for data collection. Many delegates had highlighted the importance of the comprehensive action plan referred to in the draft resolution and he looked forward to working with governments, civil society and persons with disabilities on the development of that plan. Responding to the comment by the delegate of Sweden, he explained that if Member States wanted to have the draft action plan ready by the Sixty-seventh World Health Assembly, that would entail preparing it in time for the 134th session of the Executive Board in January 2014. Given that the action plan was expected also to take into account the outcomes of both the High-level Meeting, in September, and consultations with relevant stakeholders, the time frame would be very tight. He asked for guidance from Member States on whether they wanted the plan drafted quickly, with limited consultations, or over a longer period of time with more extensive consultations.

The CHAIRMAN said that, owing to the large number of proposed amendments, the Secretariat would prepare a revised version of the draft resolution for discussion at a later meeting.

(For continuation of the discussion and approval of the draft resolution, see the summary record of the eighth meeting, section 3.)

2. PROMOTING HEALTH THROUGH THE LIFE COURSE: Item 14 of the Agenda

Monitoring the achievement of the health-related Millennium Development Goals and Health in the post-2015 development agenda: Item 14.1 of the Agenda (Documents A66/13 and A66/47)

The CHAIRMAN drew attention to the reports by the Secretariat contained in documents A66/13 and A66/47 and explained that a draft resolution submitted by the Member States of the African Region would be available the following day.

Dr SADRIZADEH (Islamic Republic of Iran) said that the Millennium Development Goals had been highly effective in focusing global attention on development issues and galvanizing support. However, inherent weaknesses had been noted in the health-related goals. It was important to build on the momentum created by the Millennium Development Goals while looking at development issues from a wider perspective in order to produce an updated development agenda that encouraged the fulfilment of global commitments at all levels. Effective international cooperation and adequate support mechanisms would be vital if future development goals were to be achieved. Despite problems related to economic sanctions, his country had made progress towards most of the Millennium Development Goals; however, health inequalities in remote areas and for deprived population groups continued to present a challenge. It had been recognized that the root causes of such inequities needed to be addressed; to that end, community-based interventions had been developed and a holistic approach, including intersectoral collaboration, had been advocated.

Ms BOTERO HERNANDEZ (Colombia) said that any Millennium Development Goals that had not been met by even a small number of countries would obviously continue to resonate on the global development agenda, and efforts and resources should continue to be allocated to monitor and fulfil them. Colombia, generally speaking, had made significant progress on all indicators, although some serious challenges remained in the run-up to 2015, owing in large part to regional divides.

The current situation provided a unique opportunity to draw up a broader, more strategic and more inclusive global development agenda, in which the concept of sustainable development would be a mainstream theme. As health was a right on which enjoyment of all other rights depended, the global development agenda required strategic health objectives that, if fulfilled, would facilitate its implementation. By the same token, multisectoral work would be needed to attain those health objectives, which should also encompass a holistic understanding of health matters. The post-2015 development agenda should include at least two groups of health indicators, one relating to the population's health, the other to national health system reinforcement. The latter should measure health system performance in terms of universality, equity and quality. Formulating indicators to measure and monitor those variables worldwide was no easy task, but was not impossible if all stakeholders contributed and WHO and the other players involved provided technical support.

Mr SMIDT (Denmark), also speaking on behalf of Australia, Belgium, Botswana, Czech Republic, Estonia, Ethiopia, Finland, Germany, Ghana, Iceland, Latvia, Lithuania, Luxembourg, Mexico, Monaco, Mozambique, the Netherlands, Norway, Portugal, Slovenia, Somalia, Spain, Sweden, Switzerland, the United Kingdom of Great Britain and Northern Ireland and Uruguay, said that an essential part of Millennium Development Goal 5 (Improve maternal health) comprised sexual and reproductive health and rights, which should be a key element in the health-related aspects of the post-2015 development agenda. In order to reduce the risks to women and adolescent girls' health resulting from pregnancy complications and forced early marriage and early pregnancy, it was important to focus on the empowerment of women and gender equality. In order to meet health-related challenges after 2015, legal systems should support the human rights of all persons, and health care systems should ensure the right to make informed choices about all aspects of health and well-being, providing access to health services and essential medicines for all, including marginalized groups. Improvements in sexual and reproductive health would have a positive impact on women, men and

families and would contribute to poverty eradication, a reduction in maternal and child mortality and the achievement of sustainable development.

Dr FREDERICKS-JAMES (Saint Lucia) underlined the need to ensure that the gains made with regard to the health-related Millennium Development Goals were not lost and that health continued to be a prominent part of the post-2015 development agenda. However, the health of a population could not be assured solely by the health sector, a concept that was reflected in the Declaration of Port-of-Spain, which recognized the importance of a multisectoral, multidisciplinary, whole-of-government and whole-of-society approach. Saint Lucia was working towards universal health coverage, health being a human right, and believed in the value of primary and preventive health care, health education and the promotion of healthy lifestyles; those fundamental, low-cost, high-impact measures should not be sidelined in the future.

Dr Ross took the Chair.

Mr SHI Guang (China) said that Member States should focus on identifying major outstanding challenges in order to achieve the Millennium Development Goals by 2015; WHO and the international community should concentrate on regions that were lagging behind in the achievement of those Goals and make use of cost-effective interventions in order to reduce inequalities. In addition, developed countries and international organizations should continue to make realization of the Millennium Development Goals an important area for official development assistance. On the post-2015 development agenda, the Secretariat should pursue its consultations with Member States and relevant stakeholders in order to guarantee the core position of health in that agenda. Moreover, any health-related goals that formed part of the post-2015 agenda should be linked to the Millennium Development Goals. With regard to the inclusion of universal health coverage as a goal, he suggested that the concept required further definition and that it would be important to have indicators that were measurable and comparable.

Mr SKERRITT (Saint Kitts and Nevis) said that extreme poverty had fallen significantly in his country and that participation of women in all levels of governance had become commonplace. Rates of infant and maternal mortality had also fallen considerably as a result of investment in health by the Government. Likewise, programmes on and investment in the prevention and treatment of HIV/AIDS had helped to reduce the number of new infections and tackled discrimination against persons living with HIV disease. Although Saint Kitts and Nevis had had to fund and sustain programmes for the Millennium Development Goals out of its own scarce national budget as a result of decreasing amounts of official development assistance, he expressed appreciation to Chinese Taipei for its technical and other support. Although concerned that the global economic downturn might undermine the progress made so far, he expressed his country's commitment to achieving the Millennium Development Goals.

Dr ESIN (Russian Federation) welcomed the progress made towards the Millennium Development Goals, especially in the fight against HIV/AIDS, tuberculosis and malaria, and in reducing infant mortality by increasing immunization coverage. Speeding up progress towards achievement of the Goals would require continued work to strengthen health systems and ensure their proper funding, as well as establishment of a reliable drug supply mechanism. In that context, it was important to support international initiatives aimed at strengthening surveillance and monitoring of communicable diseases, intensifying scientific research, strengthening control measures and improving access to prevention and treatment of communicable diseases.

The fight against malaria remained a global problem given its huge damage to human health and the economy of various countries. The incidence of malaria and tuberculosis or HIV co-infection was a heavy burden for health systems to bear. However, in recent years the international community's efforts to prevent and combat malaria had increased significantly, with new strategies for increased

funding. The Russian Federation had joined the campaign to eliminate malaria from the countries endemic for the disease in the European Region by 2015, and was successfully fulfilling its obligations.

Dr Gwenigale resumed the Chair.

Dr YANG Byung-guk (Republic of Korea) said that, although not all of the targets would be met by 2015, the efforts towards the Millennium Development Goals had been a success. In establishing the post-2015 development agenda, WHO should set more ambitious targets than those of the Millennium Development Goals, and the agenda should be developed using a systemic or schematic approach rather than a symptom-based one. In that regard, the importance of universal health coverage could not be overemphasized; it was both a means to achieve better health outcomes and a goal in itself, and it should therefore be included in the post-2015 agenda. Noncommunicable diseases were also a crucial topic that should be included.

Mr TAAPE (Tuvalu), acknowledging the support from Chinese Taipei towards achieving the Millennium Development Goals, said that Chinese Taipei had the expertise, dedication and resources to play a positive role in WHO. He therefore urged WHO to facilitate its broader participation in other WHO meetings, mechanisms and activities, on the model of its participation in the Health Assembly. It was important that all partners work together to improve health, putting aside political differences and using available resources and technologies to help those around the world that were faced with poor health conditions.

Dr USHIO (Japan) expressed appreciation for the progress made towards the Millennium Development Goals and for the work of all of those who had contributed to that progress. He strongly supported the efforts of WHO to place health on the post-2015 development agenda; the promotion and protection of health should be integral parts of development plans. Member States, the Secretariat and other partners had a fundamental role to play in advocating the importance of health for sustainable development. Japan also supported the idea of placing universal health coverage on the post-2015 development agenda.

Dr PABLOS-MENDEZ (United States of America) said that the Millennium Development Goals had become a symbol of global commitment to promoting development, eradicating poverty and extending opportunities to all. His country was interested in exploring the possibility of having universal health coverage as an umbrella goal in the post-2015 agenda, as there was growing momentum around the world towards that objective. The expansion of health coverage was both a means to achieve improved health outcomes and a goal that would provide people with financial protection and peace of mind. The post-2015 goals should build upon the work done in the framework of the Millennium Development Goals, particularly the progress made on reducing maternal, newborn and child mortality and deaths from HIV/AIDS, malaria, tuberculosis and other major infectious diseases. Ambitious goals should be set, such as ending preventable maternal and child deaths and creating an AIDS-free generation. Those objectives could be stand-alone goals or could fit within a broader goal such as universal health coverage. In addition, the post-2015 goals should include indicators on noncommunicable diseases, the fastest growing burden of disease around the world.

Dr MADZORERA (Zimbabwe), speaking on behalf of the Member States of the African Region, said that, despite the progress reported in document A66/13, many countries, particularly some in Africa, would not be able to achieve the Millennium Development Goals by 2015. Consequently, health-related Millennium Development Goals 4, 5 and 6 would be unfinished and should be included on the post-2015 development agenda; Targets 1.C, 7.C and 8.E were also relevant and should likewise be included. There was a need for increased investments in order to accelerate progress towards achieving the Millennium Development Goals by 2015.

Experience had shown that it was important to look holistically at health-related efforts; the underlying social determinants of health fell outside the scope of health ministries and lack of attention to those determinants hindered progress towards universal health coverage. In order to place health issues on the post-2015 development agenda, a framework to address the social determinants of health was needed; WHO had an important role to play in that regard, and its role as the leading United Nations agency on health should not be diluted. The Millennium Development Goals had mainly focused on the goal rather than the means to achieve that goal; an appropriate and cohesive supporting mechanism had not been adequately constructed or monitored. Thus, the post-2015 development agenda should also include mechanisms for monitoring the means used to achieve the goals as well as the goals themselves. Future monitoring mechanisms should also consider horizontal linkages across sectors, such as the social determinants of health.

Dr SAENGNAPHA UTHAISANGPHAISAN (Thailand) said that her country supported health system strengthening and advocated having universal health coverage as an overarching development goal within the post-2015 development agenda, as such coverage minimized health-related spending by households, enabled access to health care for all and held governments accountable for investing more in the health of the population. Moreover, universality was an important instrument to help ensure the right to health for all. Increasing numbers of countries were moving closer to universal coverage, meaning that such a goal would be realistic and feasible.

Professor ARSLAN (Bangladesh) said that his country had made significant progress towards achieving Millennium Development Goals 4, 5 and 6; the mortality rate among children under five years of age had been reduced to below the target figure for 2015, and maternal health coverage indicators were improving. Those successes were the result of multiple interventions, including roll-out of the Integrated Management of Childhood Illness approach and measures related to education for women and poverty reduction. However, challenges remained: neonatal deaths accounted for 60% of all deaths in children under five years of age and there were critical shortages of medical personnel, particularly midwives and nurses. Retention of human resources in remote areas was also a problem. To overcome those challenges, Bangladesh was focusing on preventing deaths among neonates from illnesses such as pneumonia and diarrhoea and from problems such as premature birth and low birth weight. Pregnancy-related services were also being scaled up. He urged the Secretariat to provide technical support to help Bangladesh achieve the Millennium Development Goals and fulfil its dreams after 2015.

Mr LOEBELL (Switzerland) said that the Millennium Development Goals had resulted in unprecedented levels of progress in the health sector, although such gains remained fragile. It was important to move away from a fragmented approach focusing on diseases and health services and develop objectives that, while universal, enabled different approaches based on individual country situations. It was promising that the consultations currently being held seemed to be producing similar opinions. The post-2015 development agenda should contain a specific health objective related to maximizing health at all stages of life. In order to achieve such a goal, the health sector should work more actively and closely with other sectors on social, economic and environmental determinants of health; at the same time, it must also work to ensure the full continuum of health services. Universal health coverage would ensure that the whole population had access to services without any form of discrimination or inequity and without incurring catastrophic expenses. WHO should ensure that the right to health care was consolidated in the post-2015 development agenda, and indicators to monitor progress should also be defined.

Ms HAGERTY (Ireland), speaking on behalf of the European Union and its Member States, said that Croatia, the former Yugoslav Republic of Macedonia, Montenegro, Iceland, Serbia, Albania, the Republic of Moldova, Armenia, Georgia and Ukraine aligned themselves with her statement. The Millennium Development Goals had made the world a better place, but inequities still existed;

although progress had been made on Goals 4 (Reduce child mortality) and 6 (Combat HIV/AIDS, malaria and other diseases), more needed to be done, especially as mortality from infectious diseases could rebound quickly if the focus was shifted away from them. She fully supported the principles of country ownership and health system strengthening. In order to accelerate progress towards achieving Millennium Development Goal 5 (Improve maternal health) and Target 5B (Achieve universal access to reproductive health), a special focus was needed on sexual and reproductive health programmes that provided gender-specific information, particularly for young people.

More effort was also needed with regard to health systems strengthening and addressing cross-cutting challenges, such as human rights, equity, gender equality, democracy and good governance. The Secretariat should provide information to Member States on the most effective ways to achieve the best outcomes in that regard; WHO country offices should provide increased support to Member States for the realization of their national plans. In addition, the International Health Partnership should be the preferred framework for applying the principles of aid effectiveness to health matters. Investing in health helped to tackle the root causes of underdevelopment, namely poverty and instability and, as such, health should be a cornerstone of the post-2015 development agenda. The Secretariat and Member States had a crucial role to play in ensuring that health achieved its rightful place on that agenda.

Mr ÁLVAREZ LUCAS (Mexico) said that his country was ready to contribute to the development of the post-2015 development agenda and was willing to share its experiences with other countries in areas such as systems for the protection and promotion of health.

(For continuation of the discussion, see the summary record of the sixth meeting, section 2.)

The meeting rose at 17:25.