

77TH WORLD HEALTH ORGANIZATION WORLD HEALTH ASSEMBLY
Committee A
National Statements on 11.1, 11.2

Thank you chair,

Kenya aligns this statement with that delivered by Ethiopia behalf of the 47 Member States of the WHO Africa Region.

On agenda item 11.1 on Universal Health Coverage (UHC),

Kenya is committed to the accelerated realization of UHC through the government's Bottom Up Economic Transformation Agenda. We therefore endorse the recommendations of the report as they seek to achieve UHC through a primary healthcare approach while ensuring financial risk protection.

To achieve the above, Kenya, in line with the UHC agenda, has enacted transformative legislation to establish innovative funding models to finance priority interventions on primary healthcare, social health insurance as well as emergency, chronic, and critical illnesses.

Moreover, the Government has steadily increased budgetary allocations to health and expanded the essential benefit package, encompassing communicable diseases, non-communicable diseases, reproductive, maternal and child health, among others.

Kenya therefore welcomes the report and supports the development of the proposed global strategy and action plan for integrated emergency, critical and operative care.

Moving to agenda item 11.2 on Non-Communicable Diseases

Kenya notes the Director General's report on the prevention and management of NCDs and mental health. We remain committed to combat NCDs in the country as evidenced by the implementation of the National Strategic Plan for the Prevention and Control of NCDs 2021-2026, as well as the ratification of the Protocol to eliminate illicit trade on tobacco products. Further, the national oral health policies are aligned to the global action plan on oral health.

In Kenya, NCDs, including cancer account for a significant burden of premature deaths, which calls for additional investments into NCD interventions. We therefore support the planned development of a global status report on cancer

2025. In our commitment to advancement of primary health care, NCD care and treatment has been integrated in the UHC benefits package, and screening for NCDs has been strengthened at the community level.

Additionally, learning from the COVID19 pandemic we now have guidelines for the provision of mental health services in emergencies, which aligns with the proposed resolution.

We look forward to the UN high level meeting on the prevention and control of NCDs in 2025, and agree with the recommendation for WHO to provide regular updates to Member States on the preparation process.

I thank you