

REPUBLIC OF KENYA



THE SENATE

ELEVENTH PARLIAMENT - SECOND SESSION

REPORT

OF THE STANDING COMMITTEE ON HEALTH

ON THE

67TH WORLD HEALTH ASSEMBLY

HELD IN

GENEVA, SWITZERLAND

ON MAY 19 - 24TH, 2014

CLERKS CHAMBERS

THE SENATE

JULY, 2014

LIST OF ACRONYMS

COPD.....	Chronic Obstructive Pulmonary Disease
ECOSOC.....	United Nations Economic and Social Council
EPI.....	Expanded Programme on Immunization
FAO.....	Food & Agriculture Organization
GAVI.....	Global Alliance for Vaccines & Immunizations
HIV.....	Human Immunodeficiency Virus
HTA.....	Health Technology Assessment
MDG.....	Millennium Development Goals
MERS.....	Middle Eastern Respiratory Syndrome Coronavirus
NCD.....	Non Communicable Diseases
SAGE.....	Strategic Advisory Group of Experts
TB.....	Tuberculosis
TDR.....	Research & Training in Tropical Diseases
UN.....	United Nations
UNICEF.....	United Nations Children’s Fund
UV.....	Ultra Violet
WHO.....	World Health Organization

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PREAMBLE

Mr. Speaker Sir,

This is a report of the Standing Committee on Health on the highlights of the 67th World Health Assembly, held between May 19th – 24th 2014, in Geneva Switzerland.

Mandate of the Standing Committee on Health:

The second schedule of the Senate Standing orders mandates the Standing Committee on Health to **“consider all matters relating to Medical Services, Public Health and Sanitation”**

Membership of the Committee

The following are the Members of the Standing Committee on Health

- | | |
|--------------------------------------|---------------------------|
| 1. Senator Dr. Mohamed Kuti, MP | - Chairperson |
| 2. Senator Zipporah Kittony, MP | - Vice Chairperson |
| 3. Senator Prof. Wilfred Lesan, MP | - Member |
| 4. Senator Godliver Omondi, MP | - Member |
| 5. Senator Dr. Wilfred Machage, MP | - Member |
| 6. Senator Beth Mugo, MP | - Member |
| 7. Senator Abdirahman Hassan Ali, MP | - Member |
| 8. Senator Mshenga Mvita, MP | - Member |
| 9. Senator Catherine Mukiite, MP | - Member |

Members of the Delegation:

The following are Members of the Committee who attended the 67th World Health Assembly:-

- | | |
|------------------------------------|----------------------|
| 1. Senator Dr. Mohamed Kuti, MP | - Chairperson |
| 2. Senator Dr. Wilfred Machage, MP | - Member |
| 3. Senator Prof. Wilfred Lesan, MP | - Member |
| 4. Senator Mshenga Mvita, MP | - Member |

They were accompanied by the following members of the Secretariat-

- | | |
|--------------------------|--------------------------|
| 1. Ms. Marya Adjibodou | - Senior Clerk Assistant |
| 2. Ms. Josephine Kusinyi | - Senior Legal Counsel |

Mr. Speaker,

The Assembly provided an opportunity for Members to network and exchange ideas on cross-cutting issues of Health with Health professionals from around the world, as well as engage with stakeholders.

Areas of discussion covered during the conference included the following:

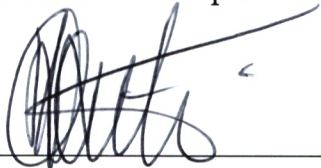
1. Global strategy & targets for tuberculosis prevention, care & control after 2015
2. Global vaccine action plan
3. Hepatitis
4. Prevention and control of non communicable diseases (NCD)
5. Maternal, Infant and young children nutrition
6. Disability
7. Comprehensive and coordinated efforts for the management of autism spectrum disorders
8. Psoriasis
9. HIV/AIDS
10. Public Health, Climate change & air pollution
11. Violence against women and girls
12. Traditional medicine

Mr. Speaker,

We take this opportunity to thank you for according the Committee the chance to participate in the 67th World Health Assembly. The conference was an opportunity for the Members to gain invaluable experience and exposure.

The Committee appreciates the technical and logistical support extended to them by the Ministry of Health and the Office of the Clerk of the Senate.

On behalf of the Members of the Standing Committee on Health, I wish to table and commend this report to the Senate.



Senator (Dr.) Mohamed Kuti, MP

**Chair, Standing Committee on Health
(Leader of the Senate Delegation)**

29/10/14

Date

Committee Observations and Recommendations

Arising from deliberations at the World Health Assembly and The committee embraced the theme of Climate Change in relation to Public Health as a topic of concern to Kenya, and Dementia.

The impacts of climate change on health depend on many factors. These factors include the effectiveness of a community's public health and safety systems to address or prepare for the risk and the behavior, age, gender, and economic status of individuals affected. Impacts will likely vary by region, the sensitivity of populations, the extent and length of exposure to climate change impacts, and society's ability to adapt to change. The Senate Standing Committee on Health recognizes the need to identify legislation that will address the impacts of Climate change on Public health in Kenya.

With regard to Dementia, there are currently 44 million people living with dementia worldwide, a figure that is expected to triple to over 135 million by 2050; The Senate Standing Committee on Health acknowledges that caring for someone with dementia can be a difficult experience, and values the contribution made by families and carers of people with dementia across Kenya who, on a daily basis, provide support to loved ones with the illness. The Committee also recognises that mental health in Kenya is among the lowest priorities, with the national mental health budget amounting to less than 1% of the total public health budget, and acknowledges the importance of carer support and respite where appropriate.

The Standing Committee on health notes the importance of raising awareness of dementia and ensuring that people with dementia are treated with dignity and respect.

INTRODUCTION

The World Health Organization (WHO) was established 66 years ago to promote health and ease the burden of disease worldwide. The Organization takes direction for its goals and priorities from the 194 Member States it is designed to serve. Each year, senior health officials from Member States travel to Geneva to participate in the World Health Assembly. It is at the Health Assembly that WHO's work is reviewed, new goals are set, and new tasks assigned. The theme of the 67th World Health Assembly was "Climate change and Health Care".

At the Health Assembly two main types of meeting are held, each with a different purpose:

- **Committees** meet to debate technical and health matters (Committee A), and financial and management issues (Committee B), and approve the texts of resolutions, which are then submitted to the plenary meeting.
- **Plenary** is the meeting of all delegates to the World Health Assembly. The Health Assembly meets in plenary several times in order to listen to reports and adopt the resolutions transmitted by the committees. The Director-General and Member States also address the delegates at the plenary.

This report focuses on the resolutions of Committee A and the Plenary.

The World Health Organisation, Africa Member States Meeting

The WHO Africa region is subdivided into three regions, namely West Africa, Central Africa and East and Southern Africa. The members of the WHO Africa Region met on May 17, 2014 at the WHO Headquarters in Geneva, for a brief before commencement of the Assembly.

WHO AFRICA REGION Office holder proposals

1. Vice President - Congo
2. Chair of Committee A - Uganda
3. Rapporteur, Committee A - Kenya
4. General Committee - Angola, Benin, Cape Verde, Equatorial Guinea
5. Credentials Committee - Ethiopia, Zambia, Mozambique
6. Executive Board - Democratic Republic of Congo, Eritrea, Gambia & Liberia to join Chad, Namibia & South Africa; replacing Cameroon, Nigeria & Sierra Leone
7. Program building Committee Members – Gambia and DRC to replace Cameroon & Senegal. South Africa would retain its membership to the Committee.

The following Key issues were discussed during the meeting:

- i. The need for the world to appreciate Africa region reforms and acknowledge change.
- ii. Communicable diseases - new issues are emerging and members were urged to look at the documents keenly; hepatitis for example, has not been addressed in the region;
- iii. Non communicable diseases – members were urged to participate in the forums discussing this as there would be a high level meeting scheduled to take place in New York between July10-11, 2014.
- iv. Global challenge of violence against women and girls - Members were urged to consider what health systems can realistically do in collaboration with other sectors, to tackle this issue.
- v. Traditional medicine - Members were urged to consider looking at traditional medicine from a realistic perspective as there was plenty of evidence supporting the benefits of herbal medicine; next steps should involve formalizing Herbal medicine by introducing it in the curriculum at medical schools.
- vi. Access to medicine – the issue of local production and regulation of medicine and especially challenges faced with pharmaceutical companies.
- vii. smallpox eradication and polio especially the suspicion of vaccination programs.
- viii. More resistant strains of diseases like gonorrhoea are emerging and there is therefore need for more potent medication available to Africa.
- ix. Health systems - the need to ensure systems are improved.
- x. Staffing matters- Members were informed that the number of staff of African origin working at WHO headquarters had greatly reduced. There was therefore need for more Africans to show interest at the headquarters especially at the director level.

Presentation by Cameroon on Polio

Cameroon appealed for assistance from neighbouring countries to assist with vaccination programs for all those transiting through the borders, such as Chad, Guinea and Congo . This would be effective by synchronizing a collective effort to get rid of the disease.

Plans were underway to hold polio eradication campaigns during May - June, 2014. Challenges faced at present include the fact that Cameroon only had only 600 units of the injectable vaccine, whereas they required 30,000.

Newborn Health – Cameroon was working on an action plan to deal with newborn mortality. Cameroon had developed a work plan and counted on the support of the African states to assist with the adoption of the resolution. Canada had offered to assist by offering to schedule a side event during the 67th WHA and Cameroon was counting on the group's presence and support at the event.

Address to the Sixty-seventh World Health Assembly by Dr. Margaret Chan

Dr Margaret Chan, the Director-General of the World Health Organization addressed the Assembly on the First day, 19th May, 2014 with her speech with the theme,

“Health has an obligatory place on any post-2015 agenda”

She started by informing the Assembly that on 5th May, 2014, the spread of wild poliovirus was declared a public health emergency of international concern, on the advice of an emergency committee convened under the International Health Regulations. That declaration included recommendations for vaccination certification of travellers from three countries known to be seeding outbreaks elsewhere. No travel restrictions were imposed.

Two years ago, the international spread of polio virus had nearly ceased. At the end of 2013, 60% of polio cases resulted from international spread, with strong evidence that adult travellers were playing a role. The trend had continued in 2014, during the low-transmission season for polio, a situation described by the emergency committee as “extraordinary”. Armed conflict that flew in the face of international humanitarian law, civil unrest, migrant populations, weak border controls, poor routine immunization coverage, bans on vaccination by militant groups and the targeted killing of polio workers, accounted for this change.

The factors responsible for the setback in polio eradication were largely beyond the control of the health sector. They were only some of the several dangers for health in a world shaped by some universal and ominous trends.

Dr. Chan then proceeded to address the Assembly on climate change. In her view, signals about what human activities had done to the environment were becoming increasingly shrill. The planet was losing its capacity to sustain human life in good health. In March 2014, the Intergovernmental Panel on Climate Change issued its most disturbing report to date, with a strong focus on the consequences for health.

The WHO revised its estimates of the health effects of air pollution upwards. In 2012, exposure to air pollution killed around 7 million people worldwide, making it the world's largest single environmental health risk. These estimates coincided with crippling episodes of air pollution in several parts of the world.

Changes in the way humanity inhabits the planet have given the volatile microbial world multiple new opportunities to exploit. Confirmation of an Ebola outbreak in Guinea brought to four the number of severe emerging viruses that are currently circulating, including the H5N1 and H7N9 avian influenza viruses and the Middle East Respiratory Syndrome coronavirus.

The prevalence of obesity and diet-related non communicable diseases was receding. Highly processed foods and beverages loaded with sugar are ubiquitous, convenient, and cheap. Childhood obesity is a growing problem with especially high costs.

The 2014 World Cancer Report, issued by WHO's International Agency for Research on Cancer, provoked considerable alarm. The number of new cancer cases has reached an all-time high and is projected to continue to rise. Developing countries now account for around 70% of all cancer deaths. Many of these people die without treatment, not even pain relief. Estimates for the year 2010 indicate that cancer cost the world economy nearly \$1.2 trillion. No country anywhere, no matter how rich, can treat its way out of the cancer crisis. A much greater commitment to prevention is needed.

The same is true for heart disease, diabetes, and chronic lung diseases. In some middle-income countries, diabetes treatment alone absorbs nearly half of the entire health budget.

Around 70% of the world's poor live in middle-income countries. As more and more countries graduate to middle-income status, they also graduate from eligibility for support from the Global Fund, the GAVI Alliance and for concessional prices for medicines.

International trade has both positive and negative consequences. One particularly disturbing trend is the use of foreign investment agreements to handcuff governments and restrict their policy space. For example, tobacco companies are suing governments for compensation for lost profits following the introduction, for valid health reasons, of innovative cigarette packaging.

Health has an obligatory place on any post-2015 development agenda. The global strategies and action plans recently approved by Health Assemblies are already giving the health-related Millennium Development Goals a second life. The Global Vaccine Action Plan aims to exceed the target set for reducing child mortality. The

response to AIDS proved that seemingly impossible goals are entirely feasible. Today, well over 12 million people receive antiretroviral therapy. The WHO consolidated guidelines for the treatment and prevention of HIV put the response on a solid footing that readily accommodates even higher goals for the future. The bottom billion receive medicines for neglected tropical diseases at no cost. Universal health coverage goes hand-in-hand with financial risk protection, especially for the poor.

Policies matter as much as money. Countries with the same level of resources achieve strikingly different health outcomes. The right policies, especially when they make equity an explicit objective, make the difference. This underscores the decisive role of domestic leadership, and is one reason why appreciation for country ownership has deepened.

The WHO shapes policies. The growing commitment to universal health coverage can act as a counterweight to many of the trends described. Universal Health Care (UHC) is one of the most powerful social equalizers among all policy options.

The World Bank is now a welcome partner in helping countries make their health systems more inclusive. This engagement sends a strong signal that UHC is financially feasible and makes good economic sense.

The WHO constantly monitors evolving trends and sounds the alarm when needed. For communicable diseases, one of the most alarming crises is the rise of antimicrobial resistance, which WHO documented in a report in April, 2014. This is a crisis that now affects every region of the world, and it is only getting worse. Adolescent health is another alert to neglected needs.

Countries must have well-functioning regulatory authorities to protect their populations. For health, the previous century largely relied on the technology-driven medical model to combat communicable diseases. With NCDs now the biggest killers worldwide, this century must be an era where prevention receives at least as much priority as cure.

As recent experience shows, even the very best scientific evidence can have less persuasive power than corporate lobbies.

For the post-2015 agenda, there are many signs of a desire to aim higher, with ambitious yet feasible goals. There are a host of strategies for pursuing ever higher goals. Some of these strategies have been refined by two large programmes that are marking their 40th anniversaries this year: the Expanded Programme on Immunization or EPI, and the Special Programme for Research and Training in Tropical Diseases, or TDR.

From the outset, EPI has been a paradigm of prevention and a pathfinder for universal access to services. EPI showed how a constant simplification of operational demands on programmes promotes country ownership. In other words, make things easy to own. This was done through several innovations, including profiles of ideal products that encourage the pharmaceutical industry to develop and package new vaccines that are easy to use under harsh conditions.

The establishment of the GAVI Initiative in 2000 helped launch the most innovative EPI decade to date. In recent years, TDR has moved away from its initial focus on product discovery and development to concentrate more on implementation research for communicable diseases of the poor. TDR now uses the tools of scientific investigation to understand why good drugs, good diagnostic tests, and good preventive strategies fail to reach people in need. TDR also innovates to help countries get the most out of their resources. One example stands out. The original strategy of community-directed treatment to deliver *ivermectin* for river blindness was expanded to support integrated delivery of a range of critical health interventions.

Coverage more than doubled, also for malaria interventions, at lower costs than conventional parallel delivery systems. Success draws on the great desire of communities to manage their own priority health problems.

Health also benefits from the WHO's ability to tap the world's best expertise. The increasing prevalence of childhood obesity in every region of the world is worrying, with the increase fastest in low- and middle-income countries. In the African region alone, the number of overweight children increased from 4 million in 1990 to 10 million in 2012. As the 2014 World Health Statistics report bluntly states, "Our children are getting fatter."

To gather the best possible advice on dealing with this crisis, there's established a high-level Commission on Ending Childhood Obesity. Fortunately, science defines several opportunities for intervention. The Commission's state-of-the-art consensus report on which specific interventions, and which combinations, are likely to be most effective in different contexts around the world will be conveyed in the 2015 Health Assembly.

Dr. Chan then concluded her opening address by encouraging member states to do all that is possible to promote health issues, as better health was a good way to track the world's true progress in poverty elimination, inclusive growth, and equity.

Address of the Kenya Head of Delegation, Mr. James Macharia, Cabinet Secretary, Ministry of Health

The Cabinet Secretary of Health addressed the Assembly and his address; he highlighted the following key issues were noted-

The Government of Kenya had initiated a number of measures as part of its efforts to realize the goal of improving health coverage. These efforts include reforming the National Hospital Insurance Fund with the aim to increase those covered from 4 million to 25 million people in the next 2 years, providing healthcare to the marginalized and those living in the slum areas through the use of mobile clinics, provision of free maternity services to all pregnant women, equipping health facilities to handle emerging health conditions.

Significant progress has been made in the control of communicable diseases. The prevalence of HIV has declined from 13% in 2000 to 5.6% in 2013. The number of new cases of HIV has declined from 166,000 per year to 91, 000 in 2013. Equally important is the decline in the rate of transmission of HIV from mother to child. The country's objective is to eliminate mother to child transmission of HIV to ensure a HIV free generation.

Kenya is facing other emerging health threats. Despite having eradicated endemic polio by 1984, Kenya suffered importation of wild polio virus in 2013 resulting in 14 cases. In response, the Government declared polio a public health emergency. Nine rounds of polio vaccination campaigns nationally and sub-nationally have since been conducted, during which the immunization targets were surpassed. In addition, during the 7th round of vaccination, both injectable polio vaccine(IPV) and oral polio vaccine were used, in the course of which one hundred and twenty one thousand, five hundred and fourteen (121,514) children in refugee camps were vaccinated with IPV.

Kenya is on track in polio eradication. The support of partners such as the WHO, UNICEF and the Bill and Melinda Gates foundation has been invaluable.

The Constitution of Kenya 2010 guarantees the right to health. In this regard, universal health coverage should therefore be a key component of the post 2015 development agenda. However, access to essential medicines including generic medicines is of utmost importance to developing countries in view of the double burden of communicable and non communicable diseases.

Climate change has impacted on disease patterns in Kenya, evidenced by the expansion of malaria zones from the lowlands to the highlands, increase in water borne diseases due to flooding, famine and malnutrition due to drought.

The Cabinet Secretary concluded his remarks by acknowledging the support Kenya had continued to receive from development partners and the central role of the WHO in developing and guiding global health policies, strategies, standards and their implementation.

Address by Melinda Gates, Bill & Melinda Gates Foundation, to the Sixty-seventh World Health Assembly Geneva on Tuesday, 20 May 2014

Ms. Melinda Gates addressed the Assembly on the second day of the Assembly. She stated that the world's record on child mortality was strong. Since 1990, the baseline year for the Millennium Development Goals, the number of children dying had gone down by 47 percent. That progress is stunning. And yet the fact that 6.6 million children still die, almost all of whom could have been saved, is stunning and an urgent call to action. Getting that number down as close to zero as possible is a cornerstone of the work of member states. The WHO committed to make this the Decade of Vaccines, and committed to reaching all children with the vaccines they need by 2020. The WHO regional committees are tracking progress against this Global Vaccine Action Plan.

Ms. Gates noted that the health of women and children around the globe was also important. If women can plan their families, they are more likely to space their pregnancies and to have healthy babies. When mothers have healthy pregnancies, and when children thrive, the positive benefits last a lifetime. This isn't true just in developing countries where maternal and child mortality is relatively high. It's true everywhere. In fact, new evidence that links maternal and child health to non-communicable diseases like cardiovascular disease, diabetes and obesity that increasingly plague all countries are frequently seen.

Women and children are a leading indicator of the health of the world. The trajectory for maternal mortality is also similar. Between 1990 and 2010, the annual number of maternal deaths dropped from about 550 000 to fewer than 300 000. When one thinks of the ripple effect that 250 000 mothers who are alive and well have on their communities, the improvement is even more momentous.

However, the exciting child and maternal health data highlights the fact that the data for newborn health isn't nearly as good. The world is saving newborns at a much slower rate than children under five. Each year, 2.9 million children die within their first month of life. One million of those newborns die on their first day of life.

The Gates Foundation is committed to supporting leadership. The foundation has funded research into the demographic dividend that shows the connection between family planning, maternal and newborn mortality, child survival, nutrition and economic growth. But there are other perceptions that still need to change. There is still a sense that cutting-edge health care requires expensive technology. There is still a sense that improving health is a nice thing to do, but not a smart way for a country to invest money.

REPORT OF COMMITTEE A

The first meeting of Committee A opened with a discussion on communicable diseases.

Member States approved a resolution endorsing a new global strategy and targets for tuberculosis (TB) prevention, care and control after 2015. The strategy aims to end the global TB epidemic, with targets to reduce TB deaths by 95% and to cut new cases by 90% by 2035. It sets interim milestones for 2020, 2025 and 2030.

The resolution calls on governments to adapt and implement the strategy with high-level commitment and financing. It reinforces a focus within the strategy on serving populations highly vulnerable to infection and poor health-care access, such as migrants. The strategy and resolution highlight the need to engage partners within the health sector and beyond, such as in the fields of social protection, labour, immigration and justice.

The strategy and resolution highlight the need to engage partners within the health sector and beyond, such as in the fields of social protection, labour, immigration and justice.

The resolution requests the WHO Secretariat to help Member States adapt and operationalize the strategy, noting the importance of tackling the problem of multidrug-resistant TB and promoting collaboration across international borders. WHO is also asked to monitor implementation and evaluate progress towards the milestones and the 2035 targets.

The estimated number of people falling ill with tuberculosis each year is slowly declining and the world is on track to achieve the Millennium Development Goal to reverse the spread of TB by 2015. However, TB remains one of the world's deadliest communicable diseases, present in all regions of the world. In 2012, 8.6 million people fell ill with TB and 1.3 million died from TB. Some 450 000 people developed multidrug-resistant TB in 2012.

RESOLUTIONS

The Sixty-seventh World Health Assembly closed, after adopting more than twenty resolutions on public health issues of global importance.

A number of the Health Assembly resolutions were approved on the following issues-

1. Maternal, Infant and young child nutrition

Member States approved a global monitoring framework on maternal, infant and young child nutrition. The WHO Secretariat was asked to develop recommendations for Member States on how to address the inappropriate marketing of complementary foods - foods for infants and young children who are still breastfed. They also asked the Secretariat to facilitate further development of the indicators described in this framework, and to convene informal consultations with Member States on tools to manage undue industry influence.

The Director-General, Food and Agriculture Organization of the United Nations (FAO), José Graziano da Silva was present to address delegates. FAO and WHO will co-host the Second International Conference on Nutrition in November 2014. Both organizations were requested to ensure that other UN organizations, nongovernmental organizations, the private sector and other stakeholders take part in consultations on the conference's outcome.

2. Nutrition challenges

Ministers of agriculture, health and foreign affairs are expected to adopt a global policy framework for the next decade to address the major nutrition challenges of under nutrition, micronutrient deficiencies, obesity and non communicable diseases resulting from an unbalanced diet.

The estimated number of children under-5 years of age who are stunted (i.e. have low height for their age as a consequence of poor nutrition) has fallen, from 167 million in 2010 to 162 million in 2012. At the same time, the number of children under 5 who are overweight appears to be growing, from 41 million in 2010 to 44 million in 2012.

3. Health care under attack

Delegates discussed the increasing number of attacks on health workers, in both conflict and non-conflict settings. They reviewed common action to address the problem and reaffirmed the principles of the sanctity of health-care facilities and the safety of health-care workers.

4. Traditional medicine

The Health Assembly approved WHO's traditional medicine strategy 2014–2023. Traditional medicine covers a wide variety of therapies and practices which vary from country to country and region to region. The strategy aims to build the knowledge base for national policies and strengthen quality assurance, safety, proper use and effectiveness of traditional and complementary medicine through

regulation. It also aims to promote universal health coverage by integrating traditional and complementary medicine services into health care service delivery and home care.

5. Disability action plan

A new WHO global disability action plan 2014–2021 aims to improve the health and quality of life of the one billion people around the world with disabilities by improving their access to health care and creating new and strengthening existing services and technologies that help them acquire or restore skills and functions. It also aims to strengthen data and research.

People with disabilities have the same general health care needs as others, but are three times more likely to be denied health care and four times more likely to be treated badly in health facilities. One in seven people worldwide has a disability. As people live longer and chronic diseases increase, more people are likely to develop disabilities. Road traffic crashes, falls, violence, natural disasters and conflict, unhealthy diet and substance abuse can also lead to disability.

6. Autism spectrum disorders

The Health Assembly urged Member States to include the needs of individuals affected by autism spectrum and other developmental disorders in policies and programmes related to child, adolescent health and development and mental health. This means increasing the capacity of health and social care systems to provide services for individuals with autism spectrum disorders and for their families and shifting the focus of care from long-stay health facilities towards non-residential services in the community. It also means improving health surveillance systems to capture data on autism spectrum disorders and ensuring countries are able to diagnose and treat autism spectrum disorders.

The resolution highlights the need for the WHO Secretariat to help strengthen countries' capacities to address autism spectrum and other developmental disorders; facilitate resource mobilization; engage with autism-related networks; and monitor progress. All efforts will be conducted in alignment with the WHO Mental health action plan 2013–2020.

Autism spectrum disorders comprise a range of development disorders which include autism, childhood disintegrative disorder and Asperger syndrome. Worldwide, most people with autism spectrum disorders and their families do not receive any care from health and social care systems.

7. Psoriasis

A resolution on psoriasis encourages Member States to raise awareness about the disease and to advocate against the stigma experienced by so many people who suffer from it. It requests the WHO Secretariat to draw attention to the public health impact of psoriasis and publish a global report on the disease, emphasizing the need for greater research and identifying successful strategies for integrating the management of psoriasis into existing services for noncommunicable diseases by the end of 2015.

Psoriasis is a chronic inflammatory disease characterised by scaly, red skin lesions. People with psoriasis have relatively higher risks of heart disease, stroke, hypertension and diabetes. Studies have documented higher rates of depression and anxiety compared with the general population.

8. Strengthening palliative care as a component of comprehensive care

The Assembly resolution emphasizes that the need for palliative care services will continue to grow – partly because of the rising prevalence of non communicable diseases and the ageing of populations everywhere. The WHO global action plan for the prevention and control of non communicable diseases 2013–2020, endorsed by the Health Assembly in May 2013, includes palliative care among the policy options proposed to Member States and in its global monitoring framework.

9. Viral hepatitis

Viral hepatitis is responsible for 1.4 million deaths every year; 500 million people currently live with the disease. There are 5 main hepatitis viruses (A, B, C, D and E). Types B and C lead to chronic disease in hundreds of millions of people and, together, are the most common cause of liver cirrhosis and cancer. The resolution also highlights the importance of expanding hepatitis A and B vaccination programmes and further strengthening infection control measures in health-care settings – such as strategies to improve the safety of injections.

The resolution noted the importance of implementing appropriate measures to protect groups such as people who inject drugs from infection and to improve their access to diagnostics and treatment. As most people with chronic hepatitis B or C remain unaware of their infection, there is also a need to improve screening.

Delegates agreed to consider a range of measures to improve access to quality and affordable hepatitis medicines and diagnostics, whilst addressing intellectual property rights issues related to those products.

The delegates asked the WHO Secretariat to continue to help countries develop robust strategies and goals on hepatitis and to report regularly on the progress of

such programmes, as well as examining the feasibility of eliminating hepatitis B and C.

10. Non communicable diseases (NCDs)

Delegates approved nine indicators to measure progress in implementing the WHO Global NCD Action Plan. They also endorsed the terms of reference and workplan for a Global Coordination Mechanism. The Assembly recommended that the Director-General submit proposed terms of reference for a United Nations Interagency Task Force on NCDs to the United Nations Economic and Social Council (ECOSOC).

A United Nations High-level Meeting will take place in New York on 10–11 July 2014 to review progress on NCDs. Member States asked the WHO Secretariat to report on the follow-up to this meeting at the next Health Assembly.

11. Antimicrobial drug resistance

The delegates recognized the growing concern of antimicrobial resistance and urged governments to strengthen national action and international collaboration. This requires sharing information on the extent of resistance and the use of antibiotics in humans and animals. It also involves improving awareness among health providers and the public of the threat posed by resistance, the need for responsible use of antibiotics, and the importance of good hand hygiene and other measures to prevent infections.

The resolution urges Member States to strengthen drug management systems, to support research to extend the lifespan of existing drugs, and to encourage the development of new diagnostics and treatment options.

As requested in the resolution, WHO will develop a draft global action plan to combat antimicrobial resistance, including antibiotic resistance for presentation to the World Health Assembly for approval in 2015.

12. Implementation of the International Health Regulations (2005)

Yellow fever is a disease specified in the International Health Regulations (2005) for which countries may require proof of vaccination from travellers as a condition of entry under certain circumstances, and may take certain measures if an arriving traveller does not have this certificate in his possession.

The Health Assembly adopted revised provisions on yellow fever vaccination or revaccination under the International Health Regulations (2005). These include extending the validity of a certificate of vaccination against yellow fever from 10 years to the extent of the life of the vaccinated person. The revised provisions are

based on the recommendations of the Strategic Advisory Group of Experts (SAGE) on immunization following its scientific review and analysis of evidence.

Member States reaffirmed their strong and continuous commitment to the implementation of International Health Regulations (2005).

13. Public health impacts of exposure to mercury and mercury compounds: the role of WHO and ministries of public health in the implementation of the Minamata Convention

The World Health Assembly requested the WHO Secretariat to provide expert advice to help health ministries in order to implement the Minamata Convention on Mercury. Most mercury is released as a result of human activity, such as burning coal and waste and mining for mercury, gold and other metals. WHO considers mercury as one of the top ten chemicals or groups of chemicals of major public health concern.

The 2013 Minamata Convention aims to “protect human health and the environment from anthropogenic emissions and releases of mercury and mercury compounds”. The legally binding convention will enter into force when 50 countries have ratified it. It encourages countries to identify and better protect people who are at particular risk from mercury and highlights the need to provide effective health services for everyone who has been affected by exposure to mercury.

14. Addressing the global challenge of violence, in particular against women and girls

Across the world, each year, nearly 1.4 million people lose their lives to violence. Women and girls experience specific forms of violence that are often hidden. Globally, 1 in 3 women experience physical or sexual violence at least once in her life. For every person who dies as a result of violence, many more are injured and suffer from a range of adverse physical and mental health outcomes.

Member States will work to strengthen the role of the health system in addressing violence. WHO will develop a global plan of action to strengthen the role of national health systems within a multi-sectoral response to address interpersonal violence, in particular against women, girls and children.

Kenya has to be vigilant in the follow-up process to develop the draft global action plan. Furthermore, there is need to closely monitor the process to review the action plan before its adoption in the next Assembly. It has been observed that web consultations immediately before the Assembly put African countries at a disadvantage to meaningfully participate due to internet challenges. It will be

necessary to have a Member States meeting to encourage dialogue on the Action Plan.

15. Follow up of the Recife Political Declaration on Human Resources for Health: renewed commitments towards universal health coverage

The Recife Political Declaration was formulated and adopted by participants of the Third Global Forum on Human Resources for Health, in November 2013. Rooted in the right to health approach, the Recife Declaration recognizes the centrality of human resources for health in the drive towards universal health coverage. It commits governments to creating the conditions for the inclusive development of a shared vision with other stakeholders and reaffirms the role of the WHO Global Code of Practice on the International Recruitment of Health Personnel as a guide for action to strengthen the health workforce and health systems.

16. Follow-up of the report of the Consultative Expert Working Group on Research and Development: Financing and Coordination

The Health Assembly approved a resolution that significantly advances the quest for innovative, sustainable solutions for financing and coordinating health research and development (R&D) for diseases that disproportionately affect developing countries. The decision provides a firm go-ahead on the implementation of innovative health R&D demonstration projects.

By virtue of this decision, WHO will take the first steps to establish at the Special Programme for Research and Training in Tropical Diseases (TDR) a pooled fund for voluntary contributions towards R&D for diseases of the poor. WHO Member States have emphasised the importance of inclusive coordination of these new developments.

17. Access to essential medicines

WHO's strategy to help countries improve access to essential medicines was approved. Key principles include selecting a limited range of medicines on the basis of the best evidence available, efficient procurement, affordable prices, effective distribution systems, and rational use. The WHO Essential medicines list was recognized as a valuable tool that enables countries to identify a core set of medicines which need to be available to provide quality medical care.

18. Regulatory system strengthening

Effective medicines regulation ensures that medicines and medical products are of the required quality, safety and efficacy; medicines are appropriately manufactured, stored, distributed and dispensed; illegal manufacturing and trade is controlled and prevented; health professionals and patients have the necessary information to

enable them to use medicines rationally; promotion and advertising is regulated and fair; and access to medicines is not hindered by unjustified regulatory work.

In order to improve the regulation of medical products globally and ensure that medical products are of assured quality, more emphasis needs to be placed on regulatory strengthening, and promoting collaboration in regulatory systems.

The WHA mandated WHO, in cooperation with national regulators, to continue its important role globally in medicines regulation through establishing necessary norms and standards, supporting regulatory capacity-building and strengthening safety monitoring programmes. Through its Prequalification programme, WHO is requested to continue to ensure the quality, safety and efficacy of selected priority essential medicines, diagnostics and vaccines. A new development endorsed by Member States is the future progressive transition of prequalification to networks of strengthened regulatory authorities.

19. Health intervention and technology assessment in support of universal health coverage

Many countries currently lack the capacity to assess the merits of health technology. Health technology assessment (HTA) involves systematically evaluating the properties, effects or impacts of different health technologies. Its main purpose is to inform technology-related policy-making in health care, and thus improve the uptake of cost-effective new technologies and prevent the uptake of technologies that are of doubtful value for the health system. Wasteful spending on medicines and other technologies has been identified as a major cause of inefficiencies in health service delivery.

Following the adoption of a resolution on HTA at the Health Assembly, WHO will support capacity-building for health technology assessment in countries. It will provide tools and guidance to prioritize health technologies and intensify networking and information exchange among countries to support priority setting.

20. Health in the post-2015 development agenda

Member States approved a resolution on health in the post-2015 development agenda, stressing the need for ongoing engagement in the process of setting the agenda. This includes a need to complete the unfinished work of the health Millennium Development Goals, newborn health, as well as an increased focus on non communicable diseases, mental health and neglected tropical diseases. The resolution also stresses the importance of universal health coverage and the need to strengthen health systems.

Accountability through regular assessment of progress by strengthening civil registration, vital statistics and health information systems are crucial. Member States emphasized the importance of having health at the core of the post-2015 development agenda.

21. Draft Action Plan for health of the Newborn

The first-ever global plan to end preventable newborn deaths and stillbirths by 2035 calls for all countries to aim for fewer than 10 newborn deaths per 1000 live births and less than 10 stillbirths per 1000 total births by 2035.

Every year almost 3 million babies die in the first month of life and 2.6 million babies are stillborn (die in the last 3 months of pregnancy or during childbirth). Most of these deaths could be prevented by cost-effective interventions.

The Plan's goals will require every country to invest in high-quality care before, during and after childbirth for every pregnant woman and newborn and highlights the urgent need to record all births and deaths

It was unfortunate that although several countries, made recommendations to improve the Action Plan, the comments were not taken into consideration. It was unprecedented that some countries refused to negotiate a document by arguing that it had been agreed to by experts and yet no formal meeting of experts had ever been held. The need to open up the Action plan was because the Action Plan does not value the period during pregnancy and it contains language which is not agreed UN language on rights, comprehensive sexuality education, and implicit abortion. As a compromise, the Director General promised to take into consideration country context in the implementation of the action plan. However, the forced adoption of the Action Plan brings to the fore the manipulation by some developed countries to have their way.

Awards

The Director-General, Dr Margaret Chan and the President of the Sixty-seventh World Health Assembly, Dr Roberto Tomas Morales Ojeda, awarded the following 4 prizes to leaders in public health-

- *The Ihsan Dogramaci Family Health Foundation Prize* was awarded to Professor Zulfiqar Bhutta of Pakistan for his global work on child and newborn survival and health.
- *The Sasakawa Health Prize* was awarded to the Leprosy Control Foundation also known as the Dominican Institution of Dermatology and Skin Surgery for

its work in expanding services for children affected by skin diseases other than leprosy.

- *The United Arab Emirates Health Foundation Prize* was awarded to the Institution for Research in Health (INISA) of Costa Rica for its work on gastric cancer and occupational exposure to pesticides.
- *The Dr Lee Jong-wook Memorial Prize for Public Health* was awarded jointly to Professor Sinata Koulla-Shiro of Cameroon and the Czech Society of Cardiology (Czech Republic).

Closing remarks at the Sixty-seventh World Health Assembly

Dr Margaret Chan

Director-General of the World Health Organization gave the closing remarks on 24 May 2014.

She stated that it had been an intense Assembly, with a record-breaking number of agenda items, documents, and resolutions, and nearly 3,500 registered delegates, a reflection of the growing number and complexity of health issues, and the deep interest in addressing them.

She congratulated all concerned, including Regional Directors, the Deputy Director-General, and WHO staff. It was clear that Member States were deeply concerned about two big trends with major consequences for health: climate change and the rise of antimicrobial resistance.

With regard to antimicrobial resistance, delegates had given WHO some important work to do in leading the response. As the Intergovernmental Panel on Climate Change concluded, strengthening basic health services and extending their coverage emerged as an essential route to resilience.

Concern was raised about the rise of non communicable diseases, the challenges of early detection, and the crippling costs of long-term care. Delegates demonstrated their determination to do more for prevention.

The Director General also addressed striking changes in the communicable disease situation, notably the setback for polio eradication and the continuing surge in the number of MERS cases. Addressing polio, the Director General thanked members for the tremendous spirit of solidarity and determination demonstrated during discussion of this item.

Given these concerns, she said, it was clear that members wanted health to have a prominent and correctly positioned place in the post-2015 development agenda.

ISSUES OF CONCERN TO THE SENATE STANDING COMMITTEE ON HEALTH

The committee identified Climate Change in relation to Public Health and Dementia as topics of concern to Kenya. The following are the issues:

A. PUBLIC HEALTH, CLIMATE CHANGE & AIR POLLUTION

Human health is strongly linked to the health of the Earth, and climate change damages human health in both direct and indirect ways.

The following is a list of public health concerns related to climate change:

- 1. Respiratory Diseases:** Urban air pollution is projected to become the leading environmental cause of premature death worldwide by 2050. Higher temperatures increase ground-level ozone, a deadly component of smog that damages lungs, blood vessels and the heart. High ozone exposure leads to more frequent hospitalizations due to asthma, pneumonia, chronic obstructive pulmonary disease (COPD), as well as higher rates of death.
- 2. Cardiovascular Disease:** Hotter temperatures lead to increased levels of fine particles in the air, or particulate matter. Particulate matter is associated with heart attacks, formation of deep vein blood clots, and increased mortality. Hospital admissions for heart-related problems, like arrhythmias (rhythm abnormalities) and stroke, increase as temperatures rise.
- 3. Water Security:** Climate change is threatening global water supplies. Droughts are increasingly frequent and extreme, and changing precipitation patterns make dry areas drier and wet areas wetter.
- 4. Food Security and Nutrition:** Extreme weather patterns, including droughts and floods, warmer temperatures, water shortages, air pollution, and more resistant pests will damage crops and threaten food supplies, leading to increased malnutrition, hunger and famine.
- 5. Cancer:** Climate change is contributing to depletion of the stratospheric ozone layer. Unlike ground-level ozone, stratospheric ozone is beneficial for human health: it reduces ultraviolet (UV) light exposure. Thus, decreasing stratospheric ozone is associated with higher levels of UV light exposure and increasing rates of skin cancer. Higher temperatures may stir up more volatile and semi-volatile compounds (cancer-causing agents) from wastewater into the atmosphere, magnifying human exposures. Intense precipitation and flooding will increase runoff of toxic chemicals from the land into the water,

increasing the likelihood of human exposure and the subsequent risk of cancer.

- 6. Infectious Diseases:** Insect-borne diseases such as malaria and dengue fever, are sensitive to changes in temperature and rainfall patterns and are spreading into regions where they never previously existed. Cholera outbreaks occur with water and sanitation disruption following severe weather events. The World Health Organization projects that rates of diarrheal disease—mostly among young children—will be 10% higher by 2030 as a result of climate change.
- 7. Mental Health:** As wildfires, hurricanes, and other weather extremes become more common, stress and anxiety rise. Prolonged and severe climate events can cause chronic stress disorders, like post-traumatic stress disorder and depression. Infrastructure damage, financial loss, and a lack of accessible health care all contribute to psychological stress due to climate change. Because of their cognitive immaturity, children are especially susceptible to long-term psychological damage as a result of severe weather events.
- 8. Environmental Refugees:** As cities, homes, and livelihoods are threatened by drought, desertification, soil erosion, flooding, and other severe weather events, millions of people are forced to flee. Such sudden, large-scale migrations place additional strain on water, sanitation, and health infrastructures. The number of environmental refugees is expected to continue rising steadily as climate change worsens. In 1995 these environmental refugees totalled at least 25 million people, compared with 27 million traditional refugees (people fleeing political oppression, religious persecution and ethnic troubles). The environmental refugees total could well double by 2010 (though there is no good estimate of today's total). Moreover, it could increase steadily for a good while thereafter as growing numbers of impoverished people press ever harder on over-loaded environments.

There is a scope for preventive policies, with the aim of reducing the need to migrate by ensuring an acceptable livelihood in established homelands. First

of all, there's need to expand our approach to refugees in general in order to include environmental refugees in particular.

There is need to widen and deepen our understanding of environmental refugees by establishing the root causes of the problem, not only environmental causes but associated problems such as security concerns, plus the interplay of the two sets of forces. There are many conceptual grey areas as concerns proximate and ultimate causes, the contributory roles of population pressures and poverty, the linkages to ethnic tensions and conventional conflict.

Drought has often served to trigger famines by disrupting the social, economic and political processes that would normally ensure sufficient access or entitlement to food.

There can be little advance except within an overall context of what has come to be known as sustainable development. This applies notably to reliable access to food, water, energy, health and other basic human needs, lack of which is behind many environmental refugees' need to migrate. Sustainable development represents a sound way to pre-empt the environmental refugee issue in its full scope over the long run. As a prime mode to tackle the issue, then, there would be a handsome payoff on investment to foster sustainable development in developing countries through greater policy emphasis on environmental safeguards, together with efforts to stem associated problems such as poverty, population and landlessness.

B. DEMENTIA

Dementia is a syndrome in which there is deterioration in memory, thinking, behaviour and the ability to perform everyday activities. Although dementia mainly affects older people, it is not a normal part of ageing.

Worldwide, 35.6 million people have dementia and there are 7.7 million new cases every year. Alzheimer's disease is the most common cause of dementia and may contribute to 60–70% of cases.

Dementia is one of the major causes of disability and dependency among older people worldwide. It has a physical, psychological, social and economical impact on caregivers, families and society.

Dementia is a syndrome usually of a chronic or progressive nature in which there is deterioration in cognitive function (i.e. the ability to process thought) beyond what might be expected from normal ageing. It affects memory, thinking, orientation,

comprehension, calculation, learning capacity, language, and judgement. Consciousness is not affected. The impairment in cognitive function is commonly accompanied, and occasionally preceded, by deterioration in emotional control, social behaviour, or motivation.

Dementia is caused by a variety of diseases and injuries that primarily or secondarily affect the brain, such as Alzheimer's disease or stroke. Worldwide, 35.6 million people have dementia, with just over half (58%) living in low and middle income countries. The estimated proportion of the general population aged 60 and over with dementia at a given time is between 2 to 8 per 100 people.

Research identifying modifiable risk factors of dementia is scarce. Prevention focuses on targets suggested by available evidence, which include countering risk factors for vascular disease, such as diabetes, midlife hypertension, midlife obesity, smoking and physical inactivity.

Dementia has significant social and economic implications in terms of direct medical costs, direct social costs and the costs of informal care. In 2010, the total global societal costs of dementia was estimated to be US\$ 604 billion. This corresponds to 1.0% of the worldwide gross domestic product (GDP), or 0.6% if only direct costs are considered. The total cost as a proportion of GDP varied from 0.24% in low-income countries to 1.24% in high-income countries.

People with dementia are frequently denied the basic rights and freedoms available to others. In many countries, physical and chemical restraints are used extensively in care facilities for elderly people and in acute-care settings, even when regulations are in place to uphold the rights of people to freedom and choice.

An appropriate and supportive legislative environment based on internationally accepted human rights standards is required to ensure the highest quality of service provision to people with dementia and their caregivers.

COMMITTEE RECOMMENDATIONS

Further research into existing legislation, in the areas of the Committee's focus, needs to be addressed and the Committee is committed to actively engage stakeholders in this process. Where legislation exists, the Committee proposes analysis of the existing legislation in order to recommend amendments where applicable and drafting new legislation where there is none.

The Standing Committee on Health resolves to continue engaging and collaborating with the Ministry of Health and other health stakeholders in order to follow up the items identified in this report. These include but are not limited to-

- i. Framework for non-state actors strategic and resource allocation agenda items;
- ii. Childhood obesity;
- iii. Smallpox eradication;
- iv. Development of the Global Action Plan on Violence against Women, girls and children;
- v. Follow up on surgical care;
- vi. Development of the Global Action Plan on Antimicrobial Resistance; and
- vii. Special programme for research and training in Tropical diseases.