

IPA participation in 62nd World Health Assembly, May 18th to May 22nd, 2009.
Jane Schaller, IPA Executive Director

The 62nd World Health Assembly occurred in the midst of concerns about a possible pandemic from H1N1 influenza. The Assembly was therefore shortened to include only five days total, and a number of agenda items were delayed until the next WHO Executive Board Meeting scheduled for January 2010. IPA was represented at this meeting by President Chok-wan Chan, President-Elect Sergio Cabral, and Executive Director Jane Schaller.

The World Health Assembly is the highest policy making body of WHO, with voting members, generally the Ministers of Health, from each of the 193 member states. At this meeting the attendance listed at onset was somewhat less than usual, with 163 member states initially registered. In addition there were 7 countries with observer status, including for the first time Chinese Taipei, and also including Palestine. Eleven United Nations organizations were represented, 7 specialized international organizations (such as the ILO, FAO, World Bank, etc), 10 inter-governmental organizations, and sixty four non governmental organizations (including IPA). The World Health Assembly agenda can be viewed by clicking on the following link: [62nd World Health Assembly Agenda](#)

Plenary Sessions

The meeting was conducted by Dr. Nimal S. De Silva, the Minister of Health Care of Sri Lanka, who was elected President of the Assembly. The Assembly opened with a number of business items, followed by the Presidential address, a report from the Executive Committee, and the an address by WHO Director-General Margaret Chan. Her address focused on the emergence of the H1N1 virus with the possibility of an ensuing pandemic. She noted H1N1 as a wake up call to Governments, their Ministries of Health, WHO, and to all peoples for global solidarity with a focus on making appropriate health decisions in the framework of an impending health event which might affect the entire world. A transcript of her comments can be viewed here: [Dr. M. Chan](#)

Dr. Chan made a number of important points including:

- The present world situation is one of inequity and uncertainty
- H1N1 influenza was unexpected, and points out the need for global responses which are equitable and fair and provide equal access to care and prevention for all peoples.
- This possible pandemic points out the need for global solidarity and provides a window of opportunity for developing mechanisms for global solidarity which would extend much more broadly than only the health system.
- Economics should never be put ahead of health.
- WHO is fully engaged in responding to the H1N1 threat, having already been gearing up for a possible pandemic from Avian flu and having learned lessons from SAARS.

There were two guest speakers in the next plenary session:

For the first time, the United Nations Secretary-General spoke at the World Health Assembly, noting the need for global solidarity as particularly important at this time of a possible global

health crisis. He noted that this required a number of collaborative steps across national borders including access to vaccines and medicines, and sharing of biological samples of virus and data. Unnecessary restrictions on international trade and travel should be avoided, and WHO and other important bodies accorded the resources they need to deal with this emergency. Overall, the Secretary-General noted, as did the Director-General of WHO, the need at this time (and all times) for the world to attend to the interests of all of its people, including the poorest and most vulnerable.

The second guest speaker was Mrs. Sarah Brown, wife of the Prime Minister of the United Kingdom. She has been a very strong advocate for addressing issues of maternal mortality and gave a moving speech on behalf of the half a million mothers who die every year from complications of pregnancy and childbirth. These issues have now been picked up by advocates for global funding of health with the result that there is much talk about addressing maternal mortality in various funding organizations including the Taskforce for Innovative Funding for MDG's. IPA applauds this needed attention on maternal survival and health, while also realizing that we have a responsibility for children of the world who are still subject to as many as ten million preventable under five deaths each year, and that the pediatric and child health professions include the most comprehensive knowledge of the newborn period, the childhood years, and the adolescent years. Mrs. Brown's speech was well received, and noted in a number of comments made throughout the World Health Assembly.

Committees A and B:

The discussions and decisions about which matters WHO should address in the next year is considered in two different committees, Committee A and Committee B. Committee A addresses most of the technical and health issues, and was the one which your IPA representatives attended. There were a number of issues that should be of interest to pediatricians everywhere, and the IPA gave formal statements on three of them. Statements this year were rigidly governed by a three or four hundred word limit and three minutes speaking time, due to the shortened duration of the Health Assembly.

- Chok-wan Chan presented a statement on Achievement of the Millennium Development Goals (attached), emphasizing the importance of MDG's 4 and 5 to pediatricians everywhere, and the work of IPA in furthering their achievement. [IPA Statement - IMDG Achievements](#)
- Jane Schaller presented a statement on Prevention of Avoidable Blindness (attached), noting in particular that the most common causes of avoidable child blindness in Africa are vitamin A deficiency and measles, both largely preventable conditions. Pediatricians have not generally considered blindness within the context of chronic childhood disability, but it certainly belongs there. The WHO respondent noted our concerns concerning vitamin A and measles. [IPA Statement - Childhood Blindness](#)
- Jane Schaller presented a statement on Primary Health Care (attached), noting that the IPA and its pediatricians are much concerned with Primary Health Care of newborns, mothers, and children, and that we understand the need for primary health care as the basis for newborn child and adolescent health. [IPA Statement - Primary Health Care](#)

Technical issues on the agenda:

Several agenda items elicited comments from many of the member nations present concerning health equity and attention to the poor and disadvantaged people of the world. These pleas were heard from nearly all representatives from the developing world, and endorsed by nearly all of the representatives of the industrialized world.

These issues included:

- **H1N1 influenza:** This was the first technical matter discussed on the agenda of Committee A. Many member states spoke on the issue of H1N1 flu. It was noted that many had already been alerted to the H5N1 (Avian flu) threat. Member states from the developing world made strong pleas for health equity in response to the influenza threat (and equity in all health issues). Concerning influenza, developing countries pointed out that they not only wished to share their virus and surveillance techniques, but that they also wished to share in the benefits of vaccine availability and related matters. The representative from Ghana made a related point about pneumococcal vaccines, noting that poor countries also wish to benefit from accessibility to pneumococcal vaccines but even with the new pricing the prices remain too high. The overall message was we are all the H1N1 crisis together and that global interdependence is a necessity in today's world. Poor countries should share not only their data and viral samples for vaccine production, but also share the benefits of this global network. For influenza these include: health system strengthening, surveillance capacity, and access to vaccines and appropriate medicines. Many countries made the point that health is more important than economic gain. Member states from the industrialized world by and large agreed with these comments. In particular the United States under its new administration congratulated Mexico for rapid sharing of data and voiced support for global collaboration on working for the common good.
- The discussion of **international health regulations** elicited similar requests and responses from the many member states who commented. There is agreement about a global commitment to prevent and respond to international public health emergencies, including issues such as global epidemics, food safety, animal and fish health, emergencies, and so forth. The need for rapid response capacity was emphasized, with comments from the developing world about health system weakness, and lack of laboratory capacity, surveillance mechanisms, and human resources. Health system strengthening was widely cited as a crucial need for the poor world. The need for honest reporting and notification of potential health issues was also noted, and Mexico was again congratulated for having been forth right about the H1N1 influenza emergence. The need for surveillance of international travel and shipping (air, sea, and overland) was also noted. WHO was cited as a logical global convener to monitor coordinated response.
- Concerning **blindness and visual impairment:** The IPA statement was noted above. Aside from the IPA statement there was little or no mention of children or of vitamin A and measles in the prior discussion. It is apparent that we pediatricians can contribute by recognizing visual impairment and blindness as causes of permanent childhood disability and attending to visual screening and attention to newborns and children. Vitamin A is extremely important in prevention of blindness, as are immunization to measles and rubella. Children should have equal access to services for the blind, and should have adequate educational services. The World Health Assembly has included an action plan for the development of national plans in its member states, and the pediatric societies of member states should look into these national plans, and seek representation on committees, and assure that needs of children are addressed in their countries.
- Discussions of **primary health care** were also extensive and involved many member states. Points made in discussion included that primary health care is the basis for population health, that health care for all is an urgent need and a matter of equity, that health system strengthening is a needed component, that a life cycle approach of continuum of care for mothers, newborns and children is an important component, and that integration of health services rather than emphasis on vertical programs is important. As noted above IPA presented a strong statement on these matters which was well received. Also within the discussion on primary health care was a companion paper on

- Discussions of **achievement of MDG's** were also extensive, with general agreement that this was extremely important at this time. Chok-wan Chan made a strong statement on behalf of IPA.
- Discussion of **social determinates of health** again elicited comments from a great number of member states. The key points made were again directed at health equity and attention to the world's poor and disadvantaged people. Matters discussed included health equity, importance of water and sanitation, social protection schemes, attention to primary health care, attention to women and children, state support, importance of civil society input, child labor, and holding governments accountable. Overriding principals cited included importance of measurement and monitoring and attention to health in all sectors including not only the Ministry of Health, but also Ministries of Finance. Indeed a statement was made that "all ministers are health ministers". A number of comments were referable to child health including the appalling number of children with under-nutrition according to new WHO Growth Standards, the continuation of 9 to 10 million preventable deaths in children under 5 each year, the continuation of neonatal deaths accounting for 37 percent of the under 5 mortality, and the important roles of immunization, oral rehydration, bed nets, ART therapy, and water and sanitation. It was noted that pneumonia and diarrhea remain at the top of the causes of preventable child mortality in spite of our knowledge of essential interventions. It was also noted that there are 536,000 annual maternity deaths, 99 percent of which occur in the developing world, and that this figure has not changed since the year 1990.
- Another item of interest to IPA, **climate change**, was unfortunately not heard by IPA representatives because of scheduling. Documents including climate change and health are attached. This could be an important matter for IPA attention though our Environmental Health Committee.
- Also of interest to IPA but not heard were discussions on **WHO's roles and responsibilities in health research**. IPA has a responsibility here to address issues of inclusion of childhood diseases as appropriate in health research, the importance of health research in conditions that affect children, and the necessity of guarding the rights of children who are used as research subjects.

Sixteen resolutions were passed by the 62 World Health Assembly. These can be found on the World Health Assembly site at the following link: http://apps.who.int/gb/e/e_wha62.html
 These resolutions addressed topics of:

- Prevention of avoidable blindness and visual impairment
- Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan
- Unaudited interim financial report on the accounts of WHO for 2008
- Status of collection of assessed contributions, including Member States in arrears in the payment of their contributions
- Scale of assessments 2010–2011
- Amendments to the Financial Regulations and Financial Rules
- Amendments to Staff Regulations
- Salaries of staff in ungraded posts and of the Director-General
- Pandemic influenza preparedness: sharing of influenza viruses and access to vaccines and other benefits
- Medium-term strategic plan 2008–2013, including Proposed programme budget 2010–2011
- Primary health care, including health system strengthening
- Traditional medicine

- Reducing health inequities through action on the social determinants of health
- Prevention and control of multidrug-resistant tuberculosis and extensively drug-resistant tuberculosis
- Global strategy and plan of action on public health, innovation and intellectual property
- In addition, the documents concerning climate change are also attached.

Suggestions for IPA:

- We will encourage participation of an IPA representative in each of the WHO regional meetings this year. The list of these meetings is attached. Regional representatives will be contacted soon with the place and timing of their regional meeting. Unfortunately IPA cannot offer funds to attend these meetings, but we will try to identify representatives who live close by. Members are encouraged to study the agendas of their region and identify the issues on which they feel pediatric input would be important. Please let us know if you are interested in attending your regional meeting, and please note that prior work on issues and written reports of the meetings will be expected. IPA Executive Director and staff will be happy to assist with preparation of statements in advance.
- IPA should continue active participation in the WHA, and also in the WHO Executive Board which will next meet in January 2010.
- ED will inform IPA member societies of the new WHO country level planning for blindness, and of our IPA role in assuring that needs of children are addressed.
- An informational report will be prepared for all IPA member societies concerning the World Health Organization and the World Health Assembly, setting the agenda for Global Health, and the importance of Pediatric Societies in assuring attention to children in all pertinent issues.
- Continuing IPA emphasis should include the important issues concerning achievement of the MDGs; Newborn and Child Survival; Newborn, Child and Adolescent Health; Primary Health Care; Social Determinates of Health with a focus on health equity for newborns, children, and adolescents; and the continuum of care for MNCH.
- IPA should continue active collaboration with WHO Child and Adolescent Health, and should expand our role in the GHWFA.
- IPA has a responsibility to keep the issues of newborn child and adolescent health visible on the global health scene in this time when recent emphasis has focused on the legitimate needs of maternal health, and also to emphasize that pediatricians are the experts on children from birth to age 18 encompassing newborn child and adolescent health.
- IPA must now focus on promoting and assisting actions of our Member Societies at country level pertinent to achievement of the MDG's.

Respectfully submitted,

Jane Schaller
Executive Director
June 4, 2009