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**FRAMEWORK TO STRENGTHEN THE IMPLEMENTATION OF THE
COMPREHENSIVE MENTAL HEALTH ACTION PLAN 2013–2030
IN THE WHO AFRICAN REGION**

Report of the Secretariat

EXECUTIVE SUMMARY

1. Mental, neurological and substance use (MNS) disorders are a huge and growing burden in the African Region. The following conditions, common in children but also affecting adults are prevalent: attention deficit hyperactive disorder, conduct disorders, developmental disorders and autism. A growing concern for the African Region is the number of young people, 15 to 24 years of age, who consume alcohol.
2. Against the huge burden of mental, neurological and substance use disorders are the weak mental health systems in the Region. There is a dearth of policies and strategic plans, especially for child and adolescent mental health. The Mental Health Atlas 2020 reports that only 49% of Member States in the African Region had mental health legislation. In relation to financing, the average government budget allocation to mental health was US\$ 0.46 per capita, against the recommended US\$ 2 per capita for low-income countries. A further challenge is the scarcity of human resources, with shortages, poor geographical distribution, limited or weak competencies as well as maldistribution of specialists.
3. There have been three mental health strategic documents in the Region: “Prevention and treatment of mental and neurological disorders (AFR/RC38/R1); Community mental health care based on the district health system approach in Africa” (AFR/RC40/9); and “Regional strategy for mental health” (AFR/RC49/9). In 2021, three pivotal documents were developed at the global level, namely: Comprehensive mental health action plan 2013–2030; draft global alcohol action plan (2022–2030); draft intersectoral global action plan on epilepsy and other neurological disorders.
4. This Regional framework aims to strengthen the implementation of the Comprehensive mental health action plan 2013–2030 in the African Region. It has been developed as a follow up to the 1999 African Region strategy for mental health. The goal of the framework is to promote mental well-being, prevent mental disorders, provide care, enhance recovery, promote human rights and reduce mortality, morbidity and disability among persons with mental disorders. The objectives are to: strengthen effective leadership, governance and financing for MNS conditions that include and empower people living with these conditions; increase coverage of, and access to quality MNS services, with a focus on strengthening services at the primary and community levels; and increase the mental health workforce, with a focus on equitable geographical distribution. The guiding principles for its implementation include universal health coverage; human rights; evidence-based practice; a life-course and person-centred approach; a multisectoral and multi-programmatic approach; and empowerment and full involvement of people with MNS conditions.

5. The priority interventions and actions proposed are in the areas of governance and policy, financial and human resources, empowering and engaging individuals and communities to raise awareness on mental health conditions and fight stigma and discrimination, redesign models of care, orienting them towards community and primary health care as well as investing in strengthening research and collection of routine mental health data.
6. The Regional Committee is invited to consider and adopt the actions proposed.

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ABBREVIATIONS

AFR	WHO African Region
APC	alcohol per capita consumption
CAMH	child and adolescent mental health
DALY	disability-adjusted life years
EB	Executive Board
HMIS	health management information system
MNS	mental, neurological and substance use
MoH	ministry of health
NCDs	noncommunicable diseases
PHC	primary health care
PWLE	People with lived experience
UHC	universal health coverage
WHA	World Health Assembly
WHO	World Health Organization

INTRODUCTION

1. Mental, neurological and substance use disorders include common mental health conditions such as depressive and anxiety disorders, severe mental disorders including schizophrenia and bipolar disorder and, common among children, conduct disorders, attention deficit hyperactivity and developmental disorders. Neurological disorders include epilepsy, dementias, stroke, migraine and other headaches. Substance abuse refers to the abuse of illegal substances such as marijuana, heroin, cocaine, or methamphetamine, and the abuse of legal substances such as alcohol, nicotine, or prescription medicines. While suicide is not a mental health condition per se, up to 60–98% of people who die from suicide, or who attempt suicide have an underlying mental health condition.¹

2. In the African Region, there have been three previous mental health strategic documents: Prevention and treatment of mental and neurological disorders (AFR/RC38/R1); Community mental health care based on the district health system approach in Africa (AFR/RC40/9); and Regional strategy for mental health (AFR/RC49/9).² In 2021 at the global level, three strategy documents were endorsed, the first being the updated Comprehensive mental health action plan 2013–2030³ endorsed by the Seventy-fourth World Health Assembly; The other two documents were endorsed by the 150th session of the Executive Board for consideration at the Seventy-fifth World Health Assembly.^{4,5}

3. The African Regional strategy for mental health (AFR/RC49/9) had five objectives.⁶ Key achievements of the African Regional strategy for mental health 2000–2010 include an increase in the number of Member States with mental health policies and strategies from 47.8% in 2001⁷ to 76% in 2020, and an increase in government health sector allocation to mental health from US\$ 0.10 in 2017 to US\$ 0.46 in 2020.⁸ The number of psychiatrists and psychiatric nurses also increased from 0.05 per 100 000 population and 0.2 per 100 000 population in 2001⁹ to 0.1 per 100 000 population and 0.9 per 100 000 population respectively. The biggest challenge continues to be the establishment of community-based interventions. The 2018 WHO Technical paper on mental health in primary health care¹⁰ recognized universal health coverage as an opportunity for strengthening mental health services and recommended key actions to support the integration of mental health into PHC.

4. This Regional Framework to strengthen the implementation of the Comprehensive mental health action plan (2013–2030) in the WHO African Region has been developed as a follow up to the 1999 African Region strategy for mental health.

¹ Bachmann S. Epidemiology of Suicide and the Psychiatric Perspective. *Int J Environ Res Public Health*. 2018 Jul 6;15(7):1425. doi: 10.3390/ijerph15071425. PMID: 29986446; PMCID: PMC6068947

² AFRO 1988 “Prevention and Treatment of Mental and Neurological Disorders” (AFR/RC38/R1) https://www.afro.who.int/sites/default/files/pdf/Sessions/afr_rc38_final_report.pdf; AFRO 1990 “Community Mental health Care Based on the District Health System Approach in Africa” (AFR/RC40/9); AFRO 2011 “Regional Strategy for Mental Health” (AFR/RC49/9)

³ WHO Comprehensive Mental Health Global Action Plan 2013-2030, endorsed by the Seventy-fourth World Health Assembly (2021) [Comprehensive Mental Health Action Plan 2013-2030 \(who.int\)](https://www.who.int/publications/i/item/9789240036703)

⁴ Draft WHO “Global Alcohol Action Plan (2022–2030) to effectively implement the Global Strategy to reduce the harmful use of alcohol as a public health priority” endorsed by the 150th Executive Board, January 2022;

⁵ Draft WHO Global Action Plan on Epilepsy and Other Neurological Disorders, requested through resolution WHA73.10 and endorsed by 150th Executive Board, January 2022.

⁶ (i) To promote mental health and prevent mental, neurological and psychosocial disorders and drug abuse-related problems; (ii) to reduce disability associated with neurological, mental and psychosocial disorders through community-based rehabilitation; (iii) to reduce the use of psychoactive substances (alcohol, tobacco and other drugs); (iv) to change people's negative perceptions of mental and neurological disorders; and (v) to formulate or review existing legislation in support of mental health and the prevention and control of substance abuse

⁷ WHO (2001) Mental Health ATLAS 2001 <https://www.who.int/publications/i/item/9789240036703>

⁸ WHO (2021) Mental Health ATLAS 2020

⁹ WHO (2001) Mental Health ATLAS 2001 <https://www.who.int/publications/i/item/9789240036703>

¹⁰ WHO (2018) Mental Health in primary Health Care: Illusion or Inclusion

CURRENT SITUATION

5. Globally, it is estimated that 792 million people live with a mental health disorder, representing over 10% of the global population. In the African Region, MNS conditions make up 6.12% of the total DALY burden.¹¹ In the African Region, prevalence rates for depression (4.59%), anxiety disorders (3.59%), alcohol use disorders (1.11%), bipolar disorder (0.59%), drug use disorders (0.4%) and schizophrenia (0.22%) represented 116.29 million affected individuals in 2019.⁸ The following conditions, that are common in children but also affect adults are also prevalent: attention deficit hyperactive disorder (8.09 million people); conduct disorders (8.97 million people), developmental disorders (9.95 million people) and autism (4.33 million people).¹²

6. A growing concern in the African Region is the number of young people, 15 to 24 years of age, who consume alcohol. In Equatorial Guinea, 59% of 15–19-year-olds, including over 72% of males, consume alcohol. In six countries¹³, over 80% of drinkers aged 15–19 years are heavy episodic drinkers.¹⁴ Young people who initiate alcohol consumption and who adopt harmful patterns of consumption are more likely to continue consuming alcohol, with increased risk of the myriad of alcohol-attributable disease conditions.¹⁵ The African Region is the only WHO region that shows an increase in total alcohol per capita (APC) consumption.

7. Six out of the top 10 countries for suicide globally are African.¹⁶ Lesotho has the highest rate of suicide globally for females. Up to 60–98% of people who die from suicide have an underlying mental health condition, including alcohol and substance use disorders.¹⁷ Among neurological disorders, 75% of the global burden of epilepsy is found in low-income countries; in the African Region, the epilepsy treatment gap stands at 85%.¹⁸

8. The COVID-19 pandemic has had a negative impact on the mental health and well-being of the population, as well as the continuity of MNS services. It is estimated that COVID-19 led to a 27.6% increase in cases of major depression, and a 25.6% surge in anxiety disorders globally. While people with mental health conditions are not at increased risk of COVID-19 infection, they are at increased risk of dying once infected with COVID-19. Disruptions in mental health services attendant on the pandemic have been reported.¹⁹

9. There are mental health policies and strategic plans in 76% of Member States, up by 4% from 2017²⁰; however, only 29% of countries have child and adolescent mental health (CAMH) policies or strategic plans¹⁷. Up to 49% of the reporting countries had mental health legislation.

10. Against this huge burden of MNS conditions are the weak mental health systems in the Region. The African Region has an average of 1.6 mental health workers per 100 000 population compared to 13 mental health workers per 100 000 at the global level. The situation is even more

¹¹ IHME Global Burden of Disease, Burden of disease by cause, African Region, 2019 [Burden of Disease - Our World in Data](#) [accessed 31 March 2022]

¹² IHME Global Burden of Disease, compilation from number of people with attention /hyperactivity; developmental intellectual; <https://ourworldindata.org/mental-health#prevalence-of-mental-health-and-substance-use-disorders> [accessed 31 March 2022]

¹³ Angola, Central African Republic, Congo, Democratic Republic of the Congo, Equatorial Guinea, Gabon,

¹⁴ WHO Global Information System on Alcohol and Health (GISAH), 15–19 years current drinkers <https://apps.who.int/gho/data/node.gisah.A1206?lang=en&showonly=GISAH> [accessed 31 March 2022]

¹⁵ WHO Alcohol, Key Facts <https://www.who.int/news-room/fact-sheets/detail/alcohol> [accessed 31 March 2022]

¹⁶ WHO (2021) Suicide worldwide in 2019: global health estimates

¹⁷ WHO (2014) Preventing Suicide: a global imperative

¹⁸ WHO (2019) Global Epilepsy Status Report

¹⁹ WHO (2022) Mental health and COVID-19: Early evidence of the pandemic's impact. A scientific brief

²⁰ WHO (2021), Mental Health Atlas 2020

dire for CAMH services with only 0.2 CAMH workers per 100 000 population.¹⁷ Over 70% of the mental health workforce in the African Region comprises mental health nurses.

11. In 2020, the average government expenditure allocation to mental health was US\$ 0.46 per capita. This is up from the US\$ 0.10 estimate of 2017, but still way below the recommended US\$ 2.0 per capita estimate of expenditure on mental health.¹⁷ Up to 80% of these scarce resources is spent at large psychiatric institutions in the bigger cities, with scant resources reaching the primary health or community levels.

ISSUES AND CHALLENGES

12. **Weak governance and leadership, insufficient financing.** Mental health units in ministries of health are weak, with limited human resources and limited public mental health expertise.¹⁷ Many Member States do not have a budget line for mental health and the allocation to mental health is very low. For some Member States with national health insurance schemes, mental health is not included in the conditions that are covered.

13. **Limited mental health services:** Mental health services in the Region are dominated by large hospital/institutional care, with limited mental health services available at the primary health care and community levels. There is a dearth of specialist programmes, such as child and adolescent mental health, forensic psychiatry, prison mental health, among others.

14. **Issue of human resources for mental health.** There is a scarcity of suitably qualified human resources, with less than one mental health worker per 100 000 population. There is an acute shortage of specialists¹⁷ with poor geographical distribution; qualified mental health personnel are concentrated in the bigger cities. In addition, there are no established positions for some of the specialists, so they cannot be recruited by the public health care service.

15. **Inadequate psychotropic medications.** Psychotropic medications are chronically out of stock and up to 49% of persons in the Region pay out of pocket.¹⁷ In some countries, psychotropic medications have never been procured by the ministry of health, so such countries rely on donations.

16. **Weak surveillance of MNS.** Mental health indicators are not routinely included in the health management information systems of Member States. In others, only one indicator; “mental health” is included and, the data collected may be unreliable.

17. **Growing social determinants of mental health:** The social determinants of health such as prevailing poverty, an increasing population living in informal urban settlements with the associated risk factors, conflicts, natural disasters such as hurricanes, cyclones, floods and volcanos and displacement of people are causes of MNS conditions and further compound the challenges of delivering adequate and appropriate MNS services in the Region. Infectious disease outbreaks such as COVID-19 which affected all 47 Member States, increased mental health conditions and also disrupted access to services. There is a reported 27.6% increase in cases of depression and a 25.6% increase in cases of anxiety disorders as well as an increase in alcohol and drug use disorders resulting from the COVID-19 pandemic.¹⁶

18. **Prevention, awareness raising, combating stigma and discrimination:** Further issues faced in the African Region include the limited knowledge on the causes of MNS conditions, the myths and misperceptions that surround these conditions and the resulting poor help-seeking behaviour. As a result of the beliefs that surround MNS conditions, the population often seeks care from traditional, spiritual, and other alternative practitioners. In addition, the health system response is focused on clinical care with little to no attention to preventive aspects.

VISION, GOAL, OBJECTIVES, MILESTONES AND TARGETS

19. **Vision:** All people in the African Region enjoy the best mental, neurological, social and psychological health and well-being.

20. **Goal:** To promote mental well-being, prevent mental disorders, provide care, enhance recovery, promote human rights and reduce mortality, morbidity and disability among persons with mental disorders.

21. **Objectives:**

The objectives are to:

- (a) Strengthen effective leadership, governance and financing for mental, neurological and substance use conditions, including and empowering people living with mental health conditions.
- (b) Increase coverage of, and access to quality mental, neurological and substance use services, with a focus on strengthening services at the primary and community levels.
- (c) Increase the health workforce for mental, neurological and substance use conditions, with a focus on equitable geographical distribution.

22. **Targets**

- (a) Targets by 2030
 - (i) 100% of Member States have developed and/or updated a mental, neurological and substance use policy and/or strategic plan and/or legislation.
 - (ii) 60% of Member States are implementing a plan to strengthen mental, neurological and substance use services at primary health care and community levels (four out of five criteria).
 - (iii) 95% of Member States have included and routinely report on a comprehensive set of mental, neurological and substance use indicators within their health management information system.
 - (iv) 80% of Member States have a mental health budget line within the health sector budget.

Milestones

- (b) Milestones by 2025
 - (i) 80% of Member States have developed and/or updated a mental, neurological and substance use policy and/or strategic plan.
 - (ii) 30% of Member States are implementing plans to strengthen mental, neurological and substance use services at primary health care and community levels (four out of five criteria).
 - (iii) 60% of Member States have included and routinely report on a comprehensive set of mental, neurological and substance use indicators within their health management information system.
 - (iv) 60% of Member States have a mental health budget line within the health sector budget.

(c) Milestone by 2028

- (i) 90% of Member States have developed or updated a mental, neurological and substance use policy and/or strategic plan.
- (ii) 50% of Member States are implementing plans to strengthen mental, neurological and substance use services at primary health care and community levels (four out of five criteria).
- (iii) 75% of Member States have included and routinely report on a comprehensive set of mental, neurological and substance use indicators within their health management information system.
- (iv) 70% of Member States have a mental health budget line within the health sector budget.

GUIDING PRINCIPLES

23. The Framework has the following principles to guide its implementation:

- (a) **Universal health coverage.** Regardless of age, sex, socioeconomic status, race, and ethnicity and following the principle of equity, people with MNS conditions have access to essential health and social services.
- (b) **Financial protection:** MNS services protect people with MNS conditions, and their families from the risk of impoverishment.
- (c) **Human rights.** MNS strategies, actions and interventions comply with the Convention on the Rights of Persons with Disabilities and other international, regional, and national human rights instruments
- (d) **Evidence-based practice.** MNS strategies and interventions are based on scientific evidence and/or best practice, taking costs and cost-effectiveness, cultural and contextual considerations into account.
- (e) **Life-course and person-centred approach.** Policies, plans and services for MNS conditions have a holistic approach, considering needs at all stages of the life course.
- (f) **A multisectoral approach** that involves coordination, collaboration and partnerships with the education, social welfare, justice, labour, gender, youth, and other relevant sectors, as well as with other programmes within the health sector.
- (g) **Recovery oriented, empowerment and full involvement:** MNS services enable recovery and the highest standard of health. People with MNS conditions and their carers are empowered and supported to be meaningfully involved in advocacy, policy, planning, service provision, monitoring and evaluation.

PRIORITY INTERVENTIONS AND ACTIONS

24. **Strengthen mental health governance and leadership at national and subnational levels.** This includes building partnerships with other programmes within the health and other sectors, nongovernmental organizations and civil society and non-State health and other sector providers. Government will take the lead in ensuring that areas for action are prioritized and clearly elaborated. Develop, strengthen, revise/update and implement national policies, strategies, programmes, laws and regulations relating to mental health, neurological and substance use disorders, with mechanisms to monitor the protection of human rights, in line with evidence-based practice, the Convention on the Rights of Persons with Disabilities, and other international and regional human rights instruments.

25. **Foster Stakeholder collaboration and partnerships:** Collaboration between the public and private sectors and nongovernmental organizations through the establishment of strategic partnerships providing technical expertise and sharing resources in a sustainable manner should be promoted in order to strengthen integration of MNS services. These partnerships should include the meaningful engagement of stakeholders from other health sector programmes, from sectors outside of health, international, national and subnational NGOs and community-based organizations, including people with lived experience (PWLE) of mental health conditions and their carers.

26. Increase financing of MNS services. Each Member State should establish a budget line for MNS within the health sector budget. Every effort should be made to increasingly allocate funds to the community and primary health care levels as well as for specialized programmes and hard-to-reach areas, to fill the gap, in alignment with the policies and strategic plans of the government. Support the mobilization of funding from international, bilateral and national development partners for strengthening of mental health services. Member States should prohibit the exclusion of MNS conditions from national health insurance schemes and stipulate the inclusion of a defined package of MNS conditions within national health insurance schemes and other financing mechanisms. Provide technical support and guidance for developing mental health investment cases and support Member States to use the information to advocate for increased funding for mental health

27. **Strengthen the focus on prevention with particular attention on the social determinants of mental health.** This includes partnerships and collaboration with the education sector to initiate universal and targeted mental health promotion and prevention programmes for school-going children. Collaboration with other programmes in the health sector, such as child health, women's health, as well as men's health should be strengthened, to prevent mental health conditions and promote mental health and well-being. Linkages to gender-based violence (GBV) prevention and programming should also be made. Actions taken to prevent NCDs also prevent conditions such as depression, anxiety and Alzheimer's disease. This linkage should be routinely leveraged to sustain cost-effectiveness in the delivery of NCD and mental health preventive initiatives.

28. **Reorganize services and expand coverage, prioritizing quality MNS services at community and primary health care levels.** Systematically strengthen care at the community and primary care levels, including strengthening of referral pathways and supportive supervision. Explore mechanisms to provide support to families, so they can support those living with mental health conditions and psychosocial disabilities in their home setting. Integrate and coordinate a holistic and person-centred health care approach where MNS needs are holistically managed with other health conditions and comorbidities, as well as promote the right to education, employment, the right to earn a living and housing, among others.

29. **Strengthen mental health and psychosocial support (MHPSS) response capacities in the African Region.** This includes ensuring MHPSS is included in preparedness, response and post-recovery programming. The focus should be on countries affected by humanitarian crises, including conflicts, natural disasters, as well as outbreaks of infectious diseases. This MHPSS should include refugees and other IDPs, as well as all fighting forces and responders.

30. **Strengthen MNS services for children, adolescents and other specialist areas.** Member States should develop and/or strengthen CAMH services, working in close partnership with the education sector. The focus should be on universal programmes that promote mental health and prevent mental health conditions. Member States should identify and strengthen other specialist mental health programmes that may include, but should not be limited to, alcohol and substance use treatment, forensic mental health, and services for prison populations.

31. **Implement human resource plans for MNS conditions.** Human resources are the foundation of the mental health system. Ensuring adequate staff numbers, with the requisite knowledge, skills and competencies, equitable geographical distribution, and motivation is critical to a strengthened mental health service. Member States should carry out human resource audits, situation analyses for MNS personnel, and develop plans to strengthen numbers and competencies, while addressing geographical distribution. Complying with regional and national standards for training, recruitment and remuneration of human resources for MNS, Member States should stipulate availability of MNS specialists, such as psychiatrists, clinical psychologists, neurologists, psychiatric nurses, and psychiatric social workers, including sub-specialities. Positions should be established for some of the specialists, where they do not exist in order to have a complete multisectoral team, to enable recruitment in public health care services.

32. **Define/update essential psychotropic medicines list.** Guarantee that the essential psychotropic medicines list is revised and defined for each level of care and aligned with the competencies and prescription rights of the health care workers at each level. Develop quantification and costing of essential psychotropic medications for each level of health care, and the modalities for requisition, procurement, distribution, and regular monitoring of consumption to avoid stock-outs. Uninterrupted availability of quality essential psychotropic medications is critical to the provision of mental health services.

33. **Update HMIS by including MNS indicators.** Stipulate that the health management information system includes a comprehensive set of MNS indicators that is regularly analysed and the results used at each level of care to influence programming and planning. The capacity of health care workers and the people responsible for the collection and entering of MNS data into the electronic system should be strengthened.

34. **Foster MNS research.** This includes strengthening capacity building for development of MNS research proposals, mobilization of resources, implementation of research and disseminating research results including support for scientific meetings in Member States and at the regional level.

35. **Frequency of reporting:** Implementation of the priority interventions and actions of this framework will be assessed by Member States and progress reports will be presented to the Regional Committee in 2025 and in 2028.

ACTIONS PROPOSED

36. The Regional Committee is invited to consider and adopt the implementation framework and proposed actions.

ANNEX**Baseline indicators, targets and milestones**

Indicator	Baseline 2020	Milestone proposed 2025	Milestone proposed 2028	Milestone proposed 2030
MNS policy/strategic plan is available	76%	80%	90%	100%
Strengthen MNS at PHC and community level (4/5 criteria)	11%	30%	50%	60%
MNS in HMIS	47%	60%	75%	95%
% countries with estimate of financial resources to implement mental health policy available	44%	60%	70%	80%

Source of the Baseline: WHO MH ATLAS 2020