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**Progress report on the framework to strengthen the implementation of the  
comprehensive mental health action plan 2013–2030 in the WHO African Region**

**Information document**

**Contents**

**Paragraphs**

Background .....	1–2
Progress made/actions taken .....	3–6
Issues and challenges .....	7
Next steps .....	8–10

## Background

1. Mental, neurological and substance use conditions constitute 6% of the disease burden, affecting 167 million people in the WHO African Region.<sup>1,2</sup> In 2022, in response to this significant burden, the Seventy-second session of the WHO Regional Committee for Africa adopted the Framework to strengthen the implementation of the comprehensive mental health action plan 2013–2030 in the WHO African Region,<sup>3</sup> aiming to have (i) 80% of Member States with a mental health policy/strategic plan; (ii) 30% of Member States implementing a plan to integrate mental health into primary health care; (iii) 60% of Member States routinely reporting on a comprehensive set of mental health indicators; and (iv) 60% of Member States with a mental health budget line in their health sector budget by 2025.<sup>3</sup>

2. This is the first progress report on the regional framework, which documents progress made since the framework was adopted in 2022. The report is based on data obtained from a preliminary report of the recently completed 2024 Mental Health Atlas survey<sup>4</sup>, in which 34 (72%) Member States<sup>5</sup> of the Region participated. However, 13 (28%) Member States<sup>6</sup> did not submit data for the survey.

## Progress made/actions taken

### 3. Governance for mental, neurological and substance use conditions

Twenty-five (53%) of the 47 Member States<sup>7</sup> in the Region reported having a stand-alone mental health policy or strategy; of that number, four (8%)<sup>8</sup> reported having plans integrated into other health policies/plans. With 29 Member States (62%) currently having either a stand-alone or integrated mental health policy/strategic plan, the Region is not on track to attain the expected milestone of 80% of Member States having a mental health policy by 2025.

<sup>1</sup> World Health Organization. World mental health report: Transforming mental health for all. www.who.int. World Health Organization; 2022. (<https://www.who.int/publications/i/item/9789240049338>, accessed 11 March 2025)

<sup>2</sup> Number of people with mental disorders, by sex 2024. ([https://ourworldindata.org/grapher/number-with-mental-health-disorders-by-sex?tab=chart&country=~OWID\\_AFR](https://ourworldindata.org/grapher/number-with-mental-health-disorders-by-sex?tab=chart&country=~OWID_AFR), accessed 11 March 2025)

<sup>3</sup> Framework to strengthen the implementation of the comprehensive mental health action plan 2013–2030 in the WHO African Region: report of the Secretariat, 2022. (<https://iris.who.int/handle/10665/361849>, accessed 5 December 2024)

<sup>4</sup> WHO 2024 Atlas Preliminary Report, Unpublished data, March 2025

<sup>5</sup> WHO 2024 Atlas Preliminary Report, Unpublished data, March 2025: Algeria, Angola, Botswana, Benin, Burkina Faso, Burundi, Cabo Verde, Chad, Democratic Republic of the Congo, Eswatini, Ethiopia, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Liberia, Madagascar, Mali, Mauritania, Namibia, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Seychelles, Sierra Leone, South Africa, South Sudan, Togo, Uganda, Zambia, Zimbabwe.

<sup>6</sup> WHO 2024 Atlas Preliminary Report, Unpublished data, March 2025: thirteen Member States (28% of all Member States) did not participate in the survey): Cameroon, Central African Republic, Comoros, Congo, Côte d'Ivoire, Equatorial Guinea, Eritrea, Gabon, Malawi, Mauritius, Niger, South Sudan, United Republic of Tanzania.

<sup>7</sup> WHO 2024 Atlas Preliminary Report, Unpublished data, March 2025: Algeria, Angola, Botswana, Burkina Faso, Burundi, Cabo Verde, Democratic Republic of the Congo, Eswatini, Ethiopia, Ghana, Guinea, Kenya, Liberia, Madagascar, Mozambique, Namibia, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Sierra Leone, South Africa, Togo, Zambia, Zimbabwe.

<sup>8</sup> WHO 2024 Atlas Preliminary Report, Unpublished data, March 2025: Benin, Gambia, Mali, Mauritania.

#### 4. Mental health integration into primary health care

Seven of the 47 (15%) Member States<sup>9</sup> are implementing a plan for mental health integration into primary health care services, meeting at least four of the five criteria for functional integration.<sup>10 3</sup> With only 15% of Member States attaining this target, the Region is not on track to attain the expected milestone of 30% of Member States implementing plans to integrate mental health services into primary health care by 2025.

#### 5. Mental health information systems

Twenty-four (51%) of the 47 Member States<sup>11</sup> are routinely reporting on a comprehensive set of mental health indicators.<sup>3</sup> This falls short of the expected milestone of 60% of Member States routinely reporting on a comprehensive set of mental, neurological and substance use indicators by 2025.

#### 6. Financing for mental, neurological and substance use conditions

Sixteen of the 47 (34%) Member States<sup>12</sup> reported having a mental health budget line in the health sector budget.<sup>3</sup> Additionally, 16 of the 29 (55%) Member States<sup>13</sup> with existing mental health policies had financing allocated to implement the mental health policy/strategy. With only 34% of Member States having a mental health budget line, the Region is not on track to attain the expected milestone of 60% of Member States with a mental health budget line by 2025.

### Issues and challenges

7. Limited political commitment, stigma, lack of predictable financing through dedicated mental health budget lines, limited skilled workforce and competing health priorities are severely inhibiting the strengthening of mental health systems within the Region, particularly mental health policy development, integration of mental health into primary health care and routine reporting of mental health data.

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<sup>9</sup> WHO 2024 Atlas Preliminary Report, Unpublished data, March 2025: Botswana, Burkina Faso, Cabo Verde, Eswatini, Mozambique, Rwanda, Uganda.

<sup>10</sup> The integration of mental health into primary health care is considered to be functional only if at least four of the following five criteria are fulfilled: (1) guidelines for mental health integration into primary health care are available and adopted at the national level; (2) pharmacological interventions for mental health conditions are available and provided at the primary care level; (3) psychosocial interventions for mental health conditions are available and provided at the primary care level; (4) health workers at primary care level receive training on the management of mental health conditions; (5) mental health specialists are involved in the training and supervision of primary care professionals. World Health Organization. Mental Health ATLAS 2020. (<https://www.who.int/publications/i/item/9789240036703>, accessed 5 December 2024)

<sup>11</sup> Algeria, Angola, Benin, Botswana, Burkina Faso, Burundi, Eswatini, Ethiopia, Ghana, Guinea, Guinea-Bissau, Liberia, Mozambique, Namibia, Nigeria, Rwanda, Senegal, Seychelles, Sierra Leone, South Africa, Togo, Uganda, Zambia, Zimbabwe.

<sup>12</sup> WHO 2024 Atlas Preliminary Report, Unpublished data, March 2025: Botswana, Cabo Verde, Ethiopia, Gambia, Ghana, Lesotho, Liberia, Madagascar, Mauritania, Mozambique, Nigeria, Rwanda, Sao Tome and Principe, Sierra Leone, Zambia, Zimbabwe.

<sup>13</sup> WHO 2024 Atlas Preliminary Report, Unpublished data, March 2025: Angola, Botswana, Burkina Faso, Ethiopia, Ghana, Guinea, Kenya, Liberia, Mozambique, Namibia, Nigeria, Rwanda, Senegal, South Africa, Togo, Zambia.

**Next steps****8. Member States should:**

- (a) prioritize mental health and raise awareness on the need for further investment and expansion of services;
- (b) develop national stand-alone or integrated mental health policies/strategies to guide mental health interventions in line with the regional framework;
- (c) establish dedicated mental health budget lines and allocate financing for implementation of existing policies/strategies to ensure predictable funding for mental health policy implementation and service improvement;
- (d) accelerate operationalization of policies/strategies to decentralize and integrate mental health into primary health care services;
- (e) improve data collection on mental health to facilitate regular reporting on a comprehensive set of mental health indicators to inform policy development and resource allocation.

**9. The WHO Secretariat in the African Region and partners should:**

- (a) advocate for mental health to become a key funding priority and increase countries' access to international funding mechanisms;
- (b) support Member States to develop investment cases to drive internal and external investment in mental health systems;
- (c) promote implementation of the priority actions of the regional framework and accelerate efforts to achieve its objectives to attain the 2030 milestones.

**10. The Regional Committee is invited to note this progress report.**