



Address by

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**WHO EASTERN MEDITERRANEAN REGION**

to the

**EXPERT CONSULTATION TO FINALIZE THE GUIDANCE PACKAGE FOR  
INTEGRATION OF MENTAL HEALTH IN PRIMARY HEALTH CARE**

**Cairo, Egypt, 19–20 September 2017**

Ladies and Gentlemen,

It gives me great pleasure to welcome you to this consultation to finalize the Guidance Package for Integration of Mental Health in Primary Health Care.

The physical, mental and social aspects of health are as equally important and complexly linked. Positive mental health is essential to people's quality of life and their participation as useful members of society. It enhances social cohesion and stability, engages people more productively in their relationships and work, and will contribute to achieving the Sustainable Development Goals.

The Eastern Mediterranean Region has a population of almost 600 million (9% of the global population). The Region is in a phase of transition with a rapidly evolving sociocultural ethos which, combined with unrest, conflict and complex emergency situations in a number of countries, is placing an enormous strain on the ability of existing health and social systems to provide for the needs of the populations they are meant to serve. These factors also pose a constant threat to the physical and mental health of the population, increasing the risk of mental disorders, especially among the most vulnerable and disadvantaged population groups. It is no surprise therefore that the disease burden for mental health disorders is highest in countries of the Region primarily due to high rates of major depression and anxiety accounted for by the ongoing humanitarian emergencies in the Region. The consequences of these disorders are perpetuated by loss of productivity and income, poor access to education and health care, social exclusion, tobacco and substance misuse and stigma, and contribute to significant social, economic and development costs.

The World Economic Forum estimated that in 2010 the global cost of mental illness was estimated to be approximately US\$ 2.5 trillion; by 2030, that figure is projected to go up by 240%, to US\$ 6.0 trillion. In 2010, 54% of that burden was borne by low- and middle-income countries; by 2030, that figure is projected to reach 58%. The overwhelming majority –

roughly two thirds – of those costs are indirect ones associated with the loss of productivity and income due to disability or death. Nevertheless, mental health does not, as yet, receive attention commensurate with the huge human, social and economic toll it claims. Despite the evidence that common and disabling mental disorders are treatable, resources for mental health are not only grossly inadequate but are also inefficiently used. The average percentage of health spending allocated to mental health in the Region is only 2%, which translates into US\$ 0.15 per person spent on mental health, well short of the US\$ 3–7 needed for a selective package of cost-effective mental health interventions in low- and middle-income countries. Furthermore, even these meager resources are being locked into centralized mental hospital facilities, rather than more accessible and cost-effective community-based mental health services. The result is a 70–85% treatment gap for mental disorders in low- and middle-income countries, including the majority of countries in the Region.

In order to bridge the gap it is imperative that we move from the institutional care model to a community-oriented integrated care delivery model in accordance with the provisions of the Comprehensive Mental Health Action Plan 2013–2020, adopted by the World Health Assembly in May 2013, and the Regional framework for scaling up mental health care which operationalizes the provisions of the Mental Health Action Plan with a set of concrete strategic interventions and intermediate indicators that can be used to monitor progress towards the targets for 2020.

One of the key strategic interventions identified in the Regional framework for scaling up action on mental health is integration of a mental health component in primary health care not only to enhance access to mental health care, but also to improve identification and treatment rates for priority mental disorders, and provide holistic care for particularly disabling co-morbid physical and mental health problems.

For the realization of universal health coverage, it is critical to ensure that prevention, treatment and care services for mental disorders at the community level, along with psychosocial support mechanisms, are integral parts of accessible service delivery platforms and covered under financial protection arrangements. Additionally, there is need to advocate for and identify “entry points” across sectors to help address the social and economic factors that contribute to the onset and perpetuation of mental disorders.

The WHO Regional Office has taken the lead in developing a guidance package to support countries in integrating management of mental, neurological and substance use disorders into primary health care which has been a joint effort between the mental health and health systems departments. In the current regional context strengthening provision of mental health and psychosocial support in complex emergencies is vital in not only meeting the immediate needs of the communities but in building resilient communities as well. I am therefore pleased to see that the guidance package is addressing the issue drawing on existing and ongoing work in this area, in collaboration with the emergency department and relevant stakeholders.

I understand that all of you have been involved along with a number of other experts in providing inputs virtually towards development of this package. I hope that this meeting

results in finalization of this guidance package which will be used by countries of the Region and beyond to help with ensuring availability of services for mental health problems to populations in need.

Ladies and Gentlemen,

We at the Regional Office are with this consultation launching a regional initiative to scale up work on mental health benefitting from your experience and expertise and I assure you of my continued interest and commitment towards scaling up mental health care action in the Region.

Finally, I would like to wish you an enjoyable stay in Cairo.