# Summary report on the

# Intercountry meeting to scale up action on mental health in the Eastern Mediterranean Region

Cairo, Egypt
21–23 November 2023

**World Health Organization**

Eastern Mediterranean Region

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## 1. Introduction

In 2019, across all ages, mental, neurological and substance use (MNS) disorders together accounted for one in 10 disability-adjusted life years (DALYs) (10.1%) worldwide. Mental disorders accounted for 5.1% of the global burden; neurological disorders 3.5%; and substance use conditions 1.5%. Mental disorders are the leading cause of years lived with disability (YLDs), accounting for one in every six (15.6%) YLDs globally; substance use disorders 3.1% of YLDs; and neurological conditions 6.4%. Combined MNS disorders account for one in every four YLDs globally.

In 2019, in the WHO Eastern Mediterranean Region, 13.53 million DALYs were lost due to mental disorders, a 26.4% increase from estimates in 2015. This accounted for 5.49% of all DALYs in the Region, where depressive disorders are the ninth leading cause of disease burden. Females have higher rates of DALYs caused by mental disorders than males. War and conflict contribute to the relatively high rates of mental disorders in the Region.

At a global level during the last decade, there have been prominent policy initiatives to address the burden of MNS disorders and the inadequate response to them. The Comprehensive Mental Health Action Plan 2013–2020 was adopted by the 66th World Health Assembly in 2013 and extended to 2030 by the 72nd World Health Assembly in 2019 to be in line with the timeframe of the Sustainable Development Goals (SDGs).

To operationalize the provisions of the Comprehensive Mental Health Action Plan in the Region, a framework was developed that was endorsed by the WHO Regional Committee for the Eastern Mediterranean in 2015. The framework converts the action plan's recommendations into practical and concrete strategic interventions that are feasible and relevant for the countries of the Region. The regional framework has guided WHO's work in the Region, and progress in its implementation has been monitored and reported regularly to the Regional Committee.

The need to scale up mental health and psychosocial support is all the more urgent because of the humanitarian crises in countries and territories of the Region, ranging from the ongoing conflict in the occupied Palestinian territory, earthquakes in Afghanistan, Morocco and the Syrian Arab Republic, and floods in Libya, on top of the conflicts in Sudan, Yemen and other countries of the Region.

These developments drive home lessons learnt during the COVID-19 pandemic regarding the importance of mental health as the bedrock for building more resilient communities and health systems and for achieving the SDGs and related humanitarian agendas. They present new challenges, such as disruption of services, but also provide new opportunities by bringing increased visibility and political buy-in.

Against this background, WHO held an intercountry meeting to scale up action on mental health in the Eastern Mediterranean Region, from 21 to 23 November 2023 at the WHO Regional Office for the Eastern Mediterranean in Cairo, Egypt. The meeting brought together representatives from WHO Member States of the Region to collectively appraise the challenges and learn from country experiences to support the implementation of the regional framework on mental health and propose potential updates to it. It also provided an opportunity to seek inputs from Member States to finalize the new regional action plan for mental health and psychosocial support in emergencies. Both are fundamental steps for the implementation of WHO's Comprehensive Mental Health Action Plan 2013–2030.

The objectives of the meeting were to:

- review Member States' progress in strengthening policies and legislation and scaling up services in line with the regional framework to scale up action on mental health in the Eastern Mediterranean Region and the Comprehensive Mental Health Action Plan;

- identify implementation challenges and the support needed to advance the regional framework's strategic interventions;
- update the regional framework in line with the recommendations received throughout the meeting; and
- review and finalize the draft regional action plan for mental health and psychosocial support in emergencies 2024–2030.

## 2. Summary of discussions

The first day and first session of the second day of the meeting focused on updating the regional framework to scale up action on mental health. The remaining major parts of the second day and the third day were devoted to the review of the regional action plan for mental health and psychosocial support in emergencies.

In preparation for the meeting, Member States collected data to update their country mental health profiles using the Mental Health Atlas questionnaire. These were printed for participants from each country to review during the meeting, and to inform discussions and recommendations for the regional framework and action plan. Specially updated policy briefs on mental health policy, legislation, investing in mental health, service reorganization, human resources, promotion and prevention, information systems and research were also made available to all participants.

Following the opening address given on behalf of Dr Ahmed Al-Mandhari, WHO Regional Director for the Eastern Mediterranean, a video of personal testimonies was played. As background introduction to the sessions on updating the provisions of the regional framework, there were presentations on the Comprehensive Mental Health Action Plan, mental health resources, and capacities in the Eastern Mediterranean Region based on key findings from the Mental Health Atlas.

Each session addressing the domains of the regional framework started with a short introductory presentation structured around the questions of why, what and how. Member States presented case studies describing activities undertaken to scale up action on mental health and highlighting challenges and lessons learned. In working groups, participants reviewed the provisions of the framework, and the results were then discussed during a plenary session and recommendations for changes agreed.

The background to the regional action plan for mental health and psychosocial support in emergencies was presented in a series of introductory talks on Inter-Agency Standing Committee (IASC) guidelines, health systems resilience and transitioning from emergencies to recovery, and the draft regional action plan. Each session addressing the domains of the regional action plan began with a short presentation introducing the components of the proposed strategic actions and monitoring frameworks. The same groups then reviewed the identified actions and subsequently reported back during a plenary discussion in which recommendations for changes were agreed.

Five Member States made presentations describing their experience of developing a policy/plan or legislation, five gave presentations on their experience reorienting and scaling up mental health services, and nine made presentations on developing and implementing mental health promotion and prevention programmes. Each presentation highlighted the challenges, lessons learnt and tips for other countries, and several themes emerged from the presentations of the different countries.

The challenges identified by Member States from their experiences in implementing the regional framework included:

- There remains persistent stigma and discrimination towards mental health conditions, including among health staff – this was the most

frequently mentioned challenge. Suicide is a taboo subject, which is a barrier to support, particularly when criminalized.

- Several countries are facing protracted emergencies, conflict and war, political instability and/or economic turmoil.
- Mental health directorates in ministries of health have limited authority (or do not exist) and do not have an allocated budget (or have a limited budget/insufficient funding).
- There are competing health priorities or mental health is not seen as a priority.
- Even where mental health policies/plans and legislation exist, they may not be implemented.
- Weak coordination and lack of continuity across government and other sectors prevents the development of multisectoral programmes (for instance, in mental health promotion and prevention).
- There is limited engagement of service user organizations.
- While what needs to be done is known, there is less clarity on how to do it.
- There are low levels of mental health human resources compared to the need. High turnover of staff at facilities and insufficient recruitment at new facilities are a problem.
- The medical model remains dominant, with limited commitment to multidisciplinary and resilience-oriented models of provision.
- There are increasing levels of substance abuse and domestic violence.

The lessons learnt by Member States and tips for other countries from their experience in implementing the regional framework included:

- Mobilize commitment – advocacy must start early and internally.
- Generate public support: "community awareness is key".
- Be focused on priorities when addressing the challenges identified in the country – work out an order of activities and open the path for implementation.

- Engage parliamentarians early because a high level of political commitment is crucial. Time advocacy activities to coincide with the planning cycle.
- Engage with international/national initiatives to further the mental health agenda and ensure financial sustainability, such as the WHO Special Initiative for Mental Health, the SDGs and the essential package of health services for universal health coverage.
- Develop collaborative partnerships from the planning stage onwards with multisectoral stakeholders (including other ministries, local authorities, and education, child protection, workplace and religious stakeholders) and integrate with the national strategy for primary health care.
- Engage and actively involve people with lived experience in service governance and quality improvement. Advocacy by people with lived experience makes a big impact on decision-makers. "Service user involvement is not a destination, but a journey."
- Capitalize on what you have: reorganize what already exists to make it more efficient. Make good use of the already available materials, including from WHO – no need to reinvent the wheel.
- Make a realistic, measurable and assessable action plan, in line with international recommendations and evidence-based data/literature reviews.
- Ensure robust and continuous monitoring and evaluation is built into the plans/strategies from the start, leveraging new technology and rigorous data capturing mechanisms ("information is the lifeline").
- Take a flexible approach and be ready to adapt to the evolving situation and feedback from monitoring.
- Build capacity of local health workers, community leaders and stakeholders for sustainability.
- Train and support mental health champions across organizations.

- To address stigma, rebrand the mental health narrative beyond the biomedical model, foster direct engagement with grassroots non-expert community actors, support health journalism to broaden the platforms for the mental health narrative and advocacy, and co-create a mental health-friendly culture with the community and for the community.
- Develop comprehensive suicide prevention strategies; this is essential.
- Engage with schools as a public mental health platform to promote child and adolescent (mental) health and well-being.
- Guide mental health specialists on what training to deliver for primary health care staff and what to reserve.
- When financial resources explicitly dedicated to mental health are scarce or absent, it is still possible to conduct activities integrated in other service delivery interventions for health and well-being, and to demonstrate scalable results.

In a series of group work activities, participants systematically reviewed and refined the components of each domain in the regional framework to scale up action on mental health and each domain of the regional action plan for mental health and psychosocial support in emergencies, and its monitoring framework. The suggestions from each group were discussed in plenary and resolved into specific conclusions that would be regionally relevant.

The changes that were suggested and discussed included:

- Simplifying where possible and resolving ambiguities by clarifying language, re-phrasing and accurate selection of words.
- Prioritizing the listed actions, for example, according to chronological sequence or priority.
- Clarifying technical terminology and abbreviations by including a glossary and reviewing the list of abbreviations to ensure it is comprehensive and applied consistently.

- Identifying actions for addition/clarification/omission based on feasibility, practicality, evidence, and coherence with existing guidelines/tools and best practices
- Ensuring applicability across Member States with very different levels of resources, experience in managing emergencies, geographical size and population density.

## 3. Recommendations

1. Support the implementation of the regional framework to scale up action on mental health in the Eastern Mediterranean Region through a set of practical and concrete strategic interventions and associated indicators that are feasible and relevant for the Member States of the Region.
2. Incorporate the revisions that were discussed and agreed upon during the meeting into the regional framework to scale-up action on mental health. The existing strategic interventions and indicators in the regional framework should remain, with only minor changes. The original framework was carefully developed through consultation with internal/external experts and Member States and following seven years of application no substantial changes have been identified.
3. Submit the regional action plan for mental health and psychosocial support in emergencies 2024–2030 for endorsement to the 71st session of the WHO Regional Committee for the Eastern Mediterranean in 2024. This is the first time that actions for mental health and psychosocial support in emergencies have been operationalized into an actionable plan across the three phases of emergencies, with a proposed set of indicators. It will be very useful in the Eastern Mediterranean Region and will provide valuable experience for other regions
4. Incorporate the revisions that were discussed and agreed upon in the meeting into the draft regional action plan for mental health and

psychosocial support in emergencies 2024–2030. The revisions that were suggested focused on: (i) simplifying and reducing the components of the strategic action framework; (ii) ensuring consistency across the phases of preparedness, response and recovery; and (iii) maintaining a clear focus on mental health and psychosocial support.

5. Finalize and get approval for country mental health profiles before they are made available and published on the WHO's website.

World Health Organization
Regional Office for the Eastern Mediterranean
Monazamet El Seha El Alamia Street,
Extension of Abdel Razak El Sanhouri Street
P.O. Box 7608, Nasr City
Cairo 11371, Egypt
www.emro.who.int