

WHO SPECIAL INITIATIVE FOR MENTAL HEALTH

Mental health services are part of Universal Health Coverage

Mental health conditions contribute to poor health outcomes, premature death, human rights violations, and global and national economic loss. The WHO Director-General, Dr Tedros Adhanom Ghebreyesus, has identified mental health for accelerated implementation in the 13th General Programme of Work (GPW13), covering 2019-2025. Mental health is high on the global health agenda following COVID-19, increased conflicts and climate emergencies, and growing economic uncertainties. The time to act is now.

The vision of the WHO Special Initiative for Mental Health is that all people achieve the highest standard of mental health and well-being. It was launched in 2019, for implementation over five years, in 12 countries at a cost of US\$ 60 million.

The foundation of the Special Initiative for Mental Health is to work in partnership with Member States, local, and international partners, as well as organisations of people with lived experience. It aligns fully with global mental health mandates and recommendations, contributes to WHO's GPW13¹ triple billion targets and the universal health coverage agenda, including to leave no one behind. In doing so, WHO's Special Initiative for Mental Health contributes, directly and indirectly, to multiple Sustainable Development Goals.²

WHO's Special Initiative for Mental Health is underway in nine countries: Argentina, Bangladesh, Ghana, Jordan,

The goal of the WHO Special Initiative for Mental Health is to ensure universal health coverage involving access to quality and affordable care for mental health, neurological and substance use conditions for 100 million more people. The Special Initiative for Mental Health focuses on two strategic actions:

- 01** advancing mental health policies, advocacy and human rights, and
- 02** scaling up quality interventions and services for individuals with mental health, substance use and neurological conditions.

Nepal, Paraguay, the Philippines, Ukraine and Zimbabwe. It has contributed to more than 40 million more girls, boys, women and men having mental health and psychosocial support services available in their communities; trained more than 11,000 individuals; and is collaborating with over 570 organisations.³

To achieve its target for 100 million more people to have access to mental health services, ongoing support is needed to implement the Special Initiative for Mental Health in the originally planned 12 countries. **WHO seeks US\$ 36 million for implementation from 2024 to 2028 5-years).**

All work will additionally strengthen global knowledge to support the transformation of mental health systems and services globally.

In December 2022, WHO's Special Initiative for Mental Health 3-Level Team was honoured with an internal WHO Director General Award for Excellence under the category of WHO Transformation: Recognising exceptional contributions to WHO's transformation objectives, ONE WHO approach and GPW13.



“The world is accepting the concept of universal health coverage. Mental health must be an integral part of UHC. Nobody should be denied access to mental health care because she or he is poor or lives in a remote place.”

**Dr Tedros Adhanom Ghebreyesus,
Director-General,
World Health Organization**

¹ WHO's GPW13 targets 1, 4, 5, 6, 10, 16, 17, 19, 20, 21, 23, 35, 36, 39, and 41, covering a wide range of health priorities

² Directly, SDG 3: Good health and well-being, and indirectly, SDGs 1 (No poverty), 4 (Quality education), 5 (Gender equity), 8 (Decent work and economic growth), 10 (Reduced inequalities), 13 (Climate action), 16 (Peace, justice and strong institutions), and 17 (Partnerships for the goals).

³ Figures based on programmatic monitoring and evaluation of the WHO Special Initiative for Mental Health

Why a WHO Special Initiative for Mental Health?

Health is a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity. However, mental health remains a neglected part of global efforts to improve health, and more is needed to ensure mental health services form part of universal health coverage.

The WHO Special Initiative for Mental Health's Baseline Summary Report showed only 10% of 28 million people with a mental disorder in Special

Initiative countries are in contact with services, indicating a treatment gap of at least 90%; demonstrating the urgent need for this work.⁴

Country ministries of health, donors, WHO technical staff and people with lived experiences endorse the systems-strengthening transformational approach that underpins the Special Initiative for Mental Health.

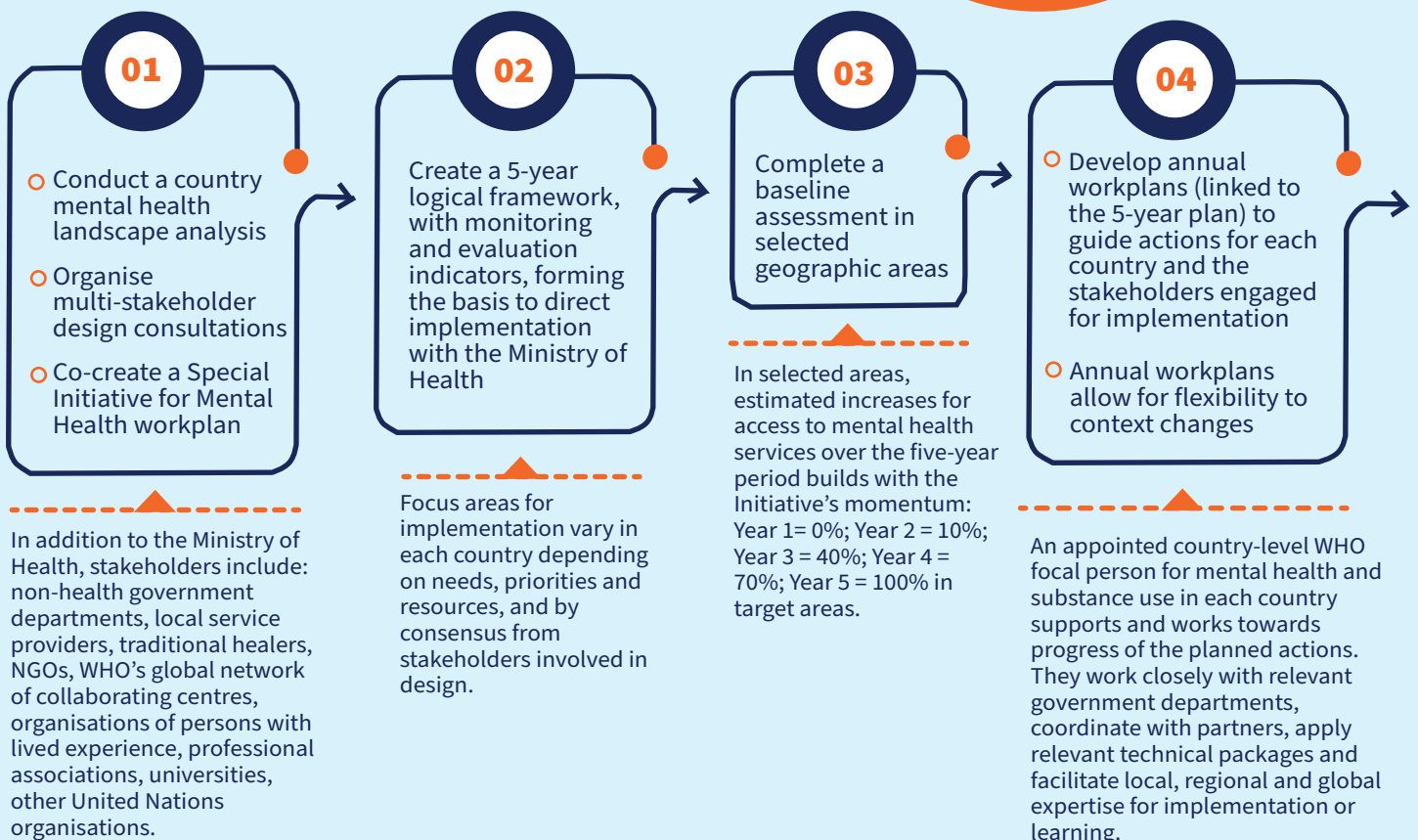
The Special Initiative for Mental Health Mid-Term Learnings Report states (p.26):

The intervention can be broadly understood as the establishment of community-based systems for mental health provision, together with the policies, structures and processes required to sustain access to these. In technical terms there is a strong evidence-base supporting this intervention approach as one likely to maximise access to appropriate and affordable mental health services provision.



How is the WHO Special Initiative for Mental Health implemented?

Each Special Initiative for Mental Health country progresses through similar stages.



WHO country-by-country approach to the WHO Special Initiative for Mental Health

A key advantage to WHO’s Special Initiative for Mental Health country by-country approach is sustainability. In recent decades, there has been a focus on small mental health initiatives that have had only short-term funding. This limits impact and has not paved the way for sustainable scale up to reach whole populations. Further, it has led to ad-hoc learning about facilitators and barriers to scaling up effective interventions or strengthening systems to embed mental health care. By focusing on countries (or large regions within countries) and supporting them consistently for up to five years, WHO also gleans systematic learnings to inform scale up in additional countries.

Examples of actions implemented to advance mental health policies, advocacy and human rights

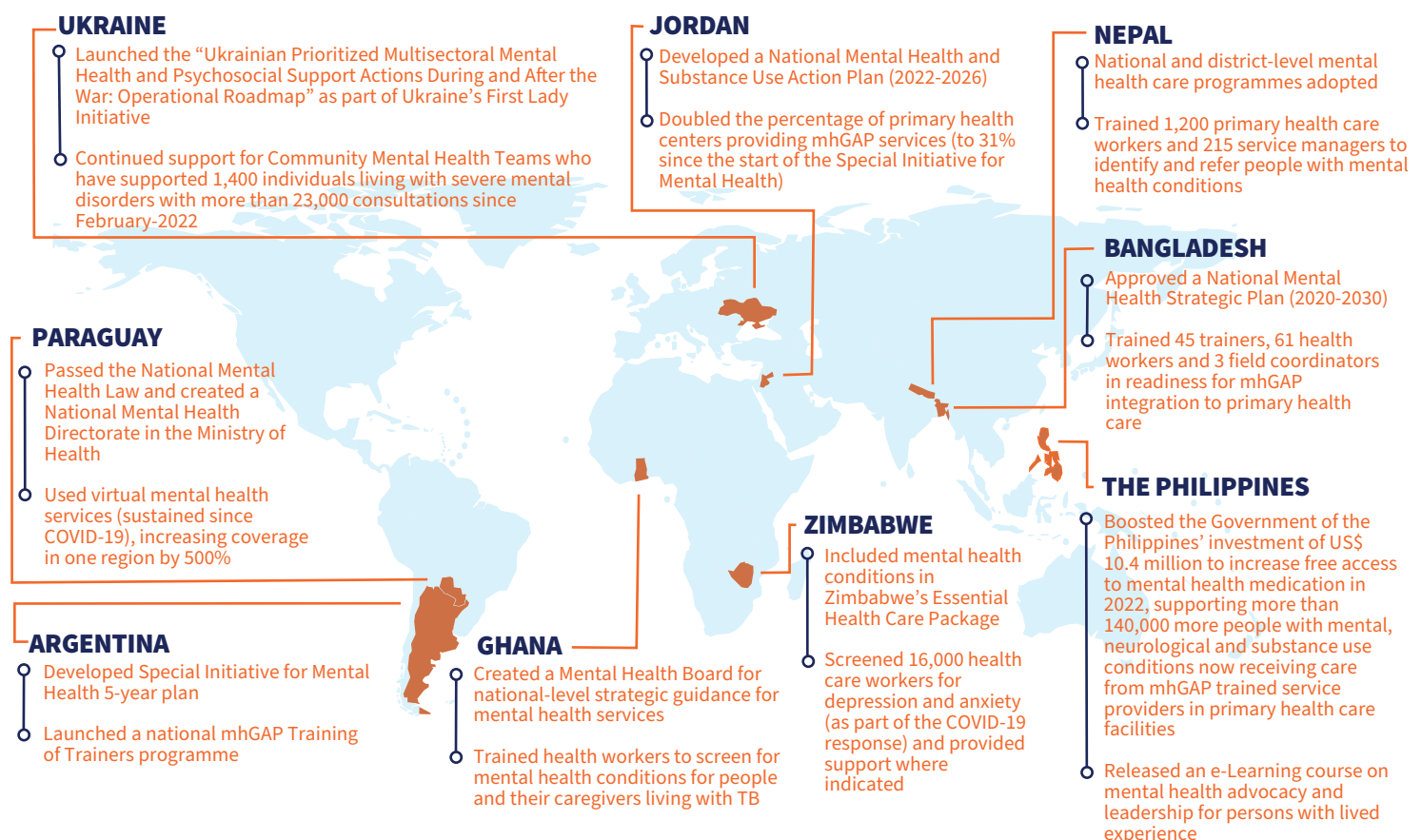
- developing national mental health action plans;
- revising mental health laws, empowering associations of persons with lived experience;
- supporting leadership and governance capacity;
- reviewing mental health funding allocation/budget; and
- strategically developing a stronger mental health workforce.

Examples of the types of services being implemented include:

- mental health care in primary health centres;
- community-based mental health teams, mental health units in general hospitals;
- virtual services; identification of mental health needs in other physical health programmes; and
- linking to services for people being discharged from institutions.

How is success of the WHO Special Initiative for Mental Health measured?

Each country working with WHO’s Special Initiative for Mental Health regularly monitors “cross-country indicators” (e.g., # people for whom mental health services are available). This enables WHO to monitor progress of the Special Initiative for Mental Health overall, while countries also monitor progress via their country-specific monitoring and evaluation frameworks and indicators.⁵



⁵ Figures based on programmatic monitoring and evaluation of the WHO Special Initiative for Mental Health

What budget is needed to keep implementing the WHO Special Initiative for Mental Health?

The original budget for the WHO Special Initiative for Mental Health was US\$ 60 million over five years for full implementation across 12 countries (i.e., US\$ 1 million per country per year). To date, this level of funding has not been realised. To meet costs committed to existing Special Initiative for Mental Health countries and achieve its goal to expand to a total of 12 countries, WHO requires an additional US\$ 36 million for the next five-years (up to end of 2028). Contributions are ideally made to a pooled WHO Special Initiative for Mental Health fund, or individual countries could be supported for the full 5-year commitment.

Combined regional office and headquarters costs are calculated at 30% of the annual total, leaving 70% of all costs for targeted in-country work.⁷

- WHO Country Offices appoint staff to support implementation; engage with strategic partners to advance policy dialogue, advocacy and human rights in mental health; provide technical support to the government and partners to plan and implement activities; manage financial support for implementation; and document, monitor and evaluate activities.
- WHO Regional Offices support assessments for priority needs; technically assist WHO Country Office staff and oversee country work; provide

support to facilitate country-to-country learning within each region; and are active in regional advocacy, particularly with the media.

- WHO headquarters oversees and is accountable for the WHO Special Initiative for Mental Health; provides technical inputs based on regional and country needs; oversees data collection and monitoring and evaluation, including for donor accountability; and leads the development of relevant normative guidance, technical packages, and information products.

All WHO countries, regions and headquarters offices contribute to mental health advocacy so mental health continues to be positioned high on the political agenda. They also work together and use the WHO Special Initiative for Mental Health budget to build momentum and mobilise increased local, regional and global resources for mental health.

Prioritising mental health

Mental health has many advocates but there is limited commitment and funding for sustained implementation and scale-up of services. For WHO to realise its mission to promote health, keep the world safe, and serve the vulnerable, mental health is considered a priority area for accelerated implementation.

WHO's Special Initiative for Mental Health supports countries to benefit from the many resources WHO has developed, including evidence-based technical packages, rights-based frameworks, implementation guidance and training resources.

WHO staff have extensive country experience, knowing what works to develop quality and affordable care, and what is needed for scaling up, which has contributed to the Initiative's achievements to date. Given such high demand for availability of services, further work is essential in both countries already implementing the Special Initiative for Mental Health, and new countries who have expressed interest to work with WHO for mental health systems transformation.⁸



For further information, visit our website or contact:

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<https://www.who.int/initiatives/who-special-initiative-for-mental-health>

⁶ Funding allocation per country differ depending on size, needs and costs of services. Pooled funding to WHO's Special Initiative for Mental Health takes an equity approach with participating countries, considering annual workplans whose budgets may be higher/lower in different years and stages of implementation.

⁷ Excludes WHO 13% Programme Support Costs (PSC) and 1% UN Levy

⁸ At a minimum, WHO seeks three additional countries to participate in WHO's Special Initiative for Mental Health (one each in WHO's Eastern Mediterranean, European and Western Pacific Regions) to reach the planned 12 country target. Many more countries have requested engagement in the programme; however, this would be subject to funding beyond what is requested in this concept.