mhGAP FORUM 2015

“Mental health innovations and their uptake into policy and practice”

Seventh Meeting of the mhGAP Forum
Hosted by WHO in Geneva on 8 and 9 October 2015

Summary Report

Context

The World Health Organization (WHO) is leading the effort for achieving the objectives of the Mental Health Action Plan 2013-2020, adopted by the World Health Assembly in May 2013. mhGAP Forum is a partnership event organized by WHO every year in Geneva around World Mental Health Day (10 October) to exchange information on the implementation of the Plan and strengthening collaboration among partners.

mhGAP Forum

On 8 and 9 October 2015, WHO hosted its mhGAP Forum, attended by nearly 40 Member States, including several at Ambassador level, as well as by 150 other participants from United Nations agencies, international development partners, philanthropic foundations, NGOs, academic and research institutions, and WHO Collaborating Centres. Many participants were from low and middle income countries.

A key theme for this year’s Forum concerned the uptake of innovation into mental health policy and practice at the national level, with a number of leading researchers invited to interact with their own national decision-makers as well as other forum participants. This part of the Forum was supported by Grand Challenges Canada, a nongovernmental organization funded by the Government of Canada. A further focus was on dignity in mental health, reflecting the theme of this year’s World Mental Health Day; Forum participants heard moving testimonies from two invited speakers about their lived experience of mental illness, the challenges they experienced, and the central role that dignity played in their recovery. The theme of dignity in mental health also touched many people worldwide, reflected in the fact that @WHO’s tweet on this subject was retweeted over 9,600 times which made it the most retweeted tweet in WHO history, and the second most retweeted message from a UN agency.

In addition, it was acknowledged that the inclusion of mental health into the Sustainable Development Goals represents an important milestone towards the enhanced recognition of mental health as a vital concern for collective as well as individual health and development. Progress made in implementation of Comprehensive Mental Health Action Plan 2013 -2020 was reviewed. The Forum also launched the Disease Control Priorities 3, volume on Mental, Neurological and Substance Use Disorders.
Opening Session, 8 October 2015: Meeting the global mental health challenge through innovation

Meeting the global mental health challenge through innovation
This plenary session was addressed by Peter Singer of Grand Challenges Canada (GCC) on the importance of innovation in meeting the challenges of global mental health and on the contribution made by GCC. GCC has emerged as one of the leading funders for global mental health in the last few years, having invested 39 million Canadian Dollars in 71 projects from 28 countries. Reference was made to Mental Health innovation Network funded by GCC and implemented by WHO and London School for Tropical Medicine and Hygiene. There were also presentations by Dr Abe Fekadu (innovator) and Dr Tedla Giorgis (policy maker) on the progress made in mental health in Ethiopia. The session was moderated by Shekhar Saxena.

Innovation into policy and practice: Quality Rights scale-up in Gujarat, India
A key theme of the 2015 Forum concerned the uptake of innovation into mental health policy and practice at the national level. A special session on QualityRights Gujarat was chaired by Michelle Funk who leads the WHO QualityRights initiative. The key note speakers for this session were:
Dr Soumitra Pathare (Coordinator of QualityRights Gujarat and the Centre for Mental Health Law and Policy, Indian Law Society, Pune India). Dr Pathare who presented the project and highlighted the elements of the innovation and scaling up process
Dr Ajay Chauhan (government partner of QualityRights Gujarat and Medical Superintendent Hospital for Mental Health, Ahmedabad). Dr Chauhan spoke about QualityRights Gujarat from the policy perspective and discussed the success of the scaling up process, challenges, and how QR Gujarat will be sustained and further scaled up in the future.
As part of the Day’s events, WHO issued a feature story describing QualityRights Gujarat on its website, which highlights the positive impact the project has had on beneficiaries at the local level. http://www.who.int/features/2015/mental-health-care-india/en/

Lunchtime event, 8 October 2015: Disease Control Priorities for Mental, Neurological and Substance Use Disorders
At this initial launch event for the DCP3 Volume on mental, neurological and substance use disorders, delegates were provided with an overview of key objectives, findings and messages by three of the Volume’s Editors (Drs Patel, Chisholm and Dua) as well as a number of other Volume contributors (Drs Parikh, Whiteford and Petersen). The key messages of the Volume are that 1) the burden of MNS disorders is large and growing and the burden on mortality has been greatly underestimated; 2) an array of effective interventions spanning the prevention, treatment and care of a range of MNS disorders are ripe for scaling up through population-wide, community and health care platforms; and 3) public financing of scaling-up is affordable and increases financial protection, in particular for the poorest.
Group sessions, 8 October 2015

Group session 1 – Innovation into policy and practice: Community-based mental health care in post-conflict settings
In this session Florence Baingana of the University of Makerere presented on the research project Mental Health Beyond Facilities funded by Grand Challenges Canada, which has as objective to develop, implement and evaluate a package of care for people with severe mental disorder and epilepsy and takes place in post-conflict Uganda, Liberia and Nepal. The project – in contrast to many past post-conflict projects – does not focus on posttraumatic stress disorder but rather on those with the most severe needs. The project – which uses mhGAP material - complements a multi-sectoral community program with clinical services and includes an in-depth outcome evaluation, including on economic variables. Dr Hafsa Lukwata, a senior policy-maker of the Ministry of Health of Uganda commented on the project, offering insightful points and emphasizing its merits.

Group session 2 – Innovation into policy and practice: Brief Psychological Intervention for CMD in Zimbabwe
Dr Dixon Chibanda, Principal Investigator of the Friendship Bench project, provided an overview of the study’s objectives and results to date, highlighting fidelity, supervision and sustainability as key barriers to further scale-up. By comparison, Dr Prosper Chonzi from the Harare Health Directorate spoke of other competing priorities and the state of the economy as key constraints to the roll-out of the programme to other parts of the country. His support to the project has been instrumental to its successful implementation to date.

Group session 3 – Innovation into policy and practice: Scaled-up mental health service access and delivery in Haiti
Zanmi Lasante (ZL) aims to bridge the mental health treatment gap in Haiti through developing a decentralized community-based system for mental health services (referred to as the 5×5 model) that consists of evidence-based care pathways for depression, adult psychosis, epilepsy, and child and adolescent disorders delivered by professional and lay health workers in low resource settings.
The 5×5 model is being integrated within 11 public primary care facilities that ZL co-manages in collaboration with the Ministère de la Santé Publique et de la Population (MSPP) / Ministry of Health (MoH). ZL also continue to work closely with its U.S. non-profit sister organization, Partners in Health The ZL team achieved proof of concept screening 6,461 individuals for mental health disorders, including 1,689 with depression, 880 with epilepsy and 556 with suicidal ideation. Of these, an estimated 2,325 individuals experienced improved health outcomes as a result of positive diagnosis and treatment. To lay the groundwork for expansion to other regions across the country, ZL is collaborating with MSPP and the Pan-American Health Organization (PAHO) / World Health Organization (WHO) to inform the development of a national strategic plan for the delivery of mental health services based on the 5x5 model. Since government buy-in and commitment are key to the model’s sustainability, the parties are working together to structure and strengthen the capacity of an MSPP mental health team to lead national mental health efforts and encourage adaptation of the plan.

Group session 4 – Innovation into policy and practice: Development and implementation of district-level mental health care plans in Africa and Asia: the PRIME study
The Programme for Improving Mental Health Care (PRIME) is a 6-year DFID funded Research Programme Consortium (RPC) with the aim to generate high quality research evidence on the implementation and scaling up of treatment programmes for priority mental disorders in primary and maternal health care contexts in low resource settings. PRIME is being conducted in five
low- and middle-income countries, namely Ethiopia, India, Nepal, South Africa and Uganda. Crick Lund from the University of Cape Town, South Africa presented an overview of the project including the activities carried out in inception phase, implementation phase and scaling up phase. The other aspects of the projects such as integration of mental health into chronic care (by Inge Petersen, South Africa) and into primary health care (by Joshua Ssebunya, Uganda) were additionally emphasised. The team presented the identified barriers to scaling up - resistance to decentralisation of services; PHC staff (numbers, motivation etc); need for specialists and supervision; need for additional funding; health system difficulties; stigma, also within health system; and absence of laws and long-term strategies. The policy discussion was led by Rabih El Chammay (Lebanon) during which we discussed the usefulness of learning from PRIME project for other low- and middle-income countries, role of multi-national partnerships, network and knowledge exchange, need for careful adaptation of mhGAP to individual country settings, and further innovations required to achieve integration of mental health into primary health care and universal health coverage.

Concluding plenary session – 8 October 2015: Mechanisms for knowledge exchange

Shamaila Usmani from the London School of Hygiene and Tropical Medicine provided delegates with an introduction to the aims and function of the Mental Health Innovation Network, including its fully operational website (mhinnovations.net). All delegates were encouraged to join and contribute to this network. In addition, Martin Rogan, a lead-person from the International Initiative for Mental Health Leadership (IIMHL), introduced delegates to this network and commented on its achievements and applicability to other, lower-resource country settings.

Plenary session, 9 October 2015: high-level segment on “Implementation of Comprehensive Mental Health Action Plan 2013-2020” – Activities of WHO

Dr Shekhar Saxena, Director of the Department of Mental Health and Substance Abuse, welcomed the participants, followed by a summary of the Mental Health Action Plan 2013-2020.

Targets and indicators for mental health were presented based on the data from Atlas 2014 by Dan Chisholm and Fahmy Hanna.

Inclusion of mental health into the United Nations Sustainable Development Goals has been an important progress in global mental health; The effort made by the group FundaMental SDG was described by Graham Thornicroft and an update on the SDG indicator selection by Ties Boerma.

An update on the Mental Health Gap Action Programme (mhGAP) Guideline for Mental, Neurological and Substance use Disorders was also presented by Tarun Dua, on behalf of the mhGAP team. The new and updated guidelines were highlighted and the process of developing mhGAP-Intervention Guide version 2.0 was described.

Statements of Member States:
A number of member states participated and presented statements to the Forum.
Group session 1 – Dignity and human rights protection
This session opened with a brief introduction about WHO’s perspective on dignity and human rights in mental health, and a description of the organization’s work in this area, including an update on the WHO QUalityRights initiative and activities. During the session participants and collaborators shared their own perspectives on what it means to promote dignity and rights, and highlighted some of their key activities and achievements towards this goal at national and international levels.

Group session 2 – Low-intensity psychological interventions
The session was facilitated by Dr Chiara Servili and Dr Mark van Ommeren of the Department of Mental Health and Substance Abuse. mhGAP recommends a range of psychological and pharmacological interventions by non-specialized care providers. It recommends, for example, cognitive behavioural therapy (CBT) and interpersonal psychotherapy (IPT) for adult depression. In most countries there are mental health professionals who are expected to offer these psychological interventions. However, these professionals are scarce and too often are not trained in CBT or IPT. There is a need to develop psychological interventions in simplified form so that they can be quickly learned not only by professionals but also by people who are not mental health professionals. The term “low intensity” indicates a less intense level of specialist human resource use. It means that the intervention has been modified to use much less resources compared to conventional psychological treatments by specialists. As a result, aspects about the intervention are changed to make them feasible in communities that do not have many specialists. Such modifications can thus create more accessible mental health care that reaches a larger number of people. The session started with a presentation on these concepts and on the following existing and forthcoming WHO scalable psychological interventions: Thinking Healthy (for antenatal depression), group interpersonal therapy (IPT, for adults with depression) parents skills training (for parents of children with developmental disorders); Problem Management Plus (PM+) and Self-Help Plus (SH+) (for adults impaired by distress living through emergencies and other adverse circumstances). The session was well-attended and involved active discussion including on scalable psychological interventions produced by WHO partners.

Group session 3 – Alcohol taxes and financing of treatment for substance use and mental disorders
Dr Vladimir Poznyak (Coordinator, Management of Substance Abuse at WHO Department of Mental Health and Substance Abuse) opened the session with introductory presentation highlighting the high volume of alcohol market in the world and epidemiology of alcohol use disorders resulting from exposure to psychoactive substance which is legally traded and distributed in most countries of the world. At the same time people suffering from alcohol dependence and related health conditions as well as their affected families have no adequate access to quality treatment, and treatment coverage for substance use disorders continues to be very limited in most parts of the world. With SDG health target specifically addressing prevention and treatment of substance use disorders the situation is expected to change within the next 15 years, and innovative financing mechanisms are needed to increase coverage and quality of treatment for substance use disorders, particularly in less-resourced countries. Surcharge excise tax on alcohol and tobacco is increasingly considered as a viable option for strengthening health systems and health promotion in populations as well as funding source for treatment of a range of health conditions, from major non-communicable diseases to viral hepatitis. But in these discussions the funding of treatment for substance use disorders and associated mental disorders is hardly present. Stigmatization and discrimination of people with substance use disorders contributes to low priority of this area of health care in the global public health debates. Legally traded psychoactive substances such as alcohol and tobacco have a potential to cause substance dependence, and the specific excise tax on these products
earmarked for treatment of potential substance dependence can be well-justified. Such financing mechanism can provide sustainable and legitimate funding for increasing treatment coverage of substance use disorders – the direct health consequence of exposure to dependence-producing substances with 100% attribution of a disorder to substance use.

Group session 4 – Implementation of the World Health Assembly Resolution on Epilepsy

The objective of this session was to discuss the implications of the WHA68.20 resolution on Global burden of epilepsy and the need for coordinated action at the country level to address its health, social and public knowledge implications. An update was provided of various activities of WHO Secretariat to decrease the epilepsy treatment gap and to provide support to Member States to improve epilepsy care and services. Partners, other agencies and country experts provided an overview of their activities in the area of epilepsy and emphasised the need for further collaboration. The group discussed mechanisms to review and evaluate the actions relevant to epilepsy in order to identify, summarize and integrate the relevant best practices with a view to making this information widely available, especially in low- and middle-income countries; and how to develop a set of technical recommendations to guide Member States in the development and implementation of epilepsy programmes and services.

Lunchtime seminar, 9 October 2015: Living with dignity

The theme for the 2015 World Mental Health Day, observed on 10 October, was "Dignity in mental health". In commemoration of this event WHO held a seminar, chaired by Michelle Funk, to raise awareness on what can be done to ensure that people with mental health conditions can continue to live with dignity. Two keynote speakers with lived experience discussed their perspectives on the meaning of dignity in mental health:

Charlene Sunkel - Award-winning mental health and human rights activist from South Africa, working for the South African Federation for Mental Health. Ms. Sunkel shared her personal experience of mental health care following her diagnosis of schizophrenia, and spoke of her work as a mental health activist. She also highlighted the key elements required to ensure that mental health services promote dignity and rights for people with mental health conditions.

Gary Seery - Ultra marathon runner and Ambassador for SeeChange, Ireland. Mr. Seery described his work with Seechange and other organizations to promote positive attitudes change, reduce stigma and promote dignity in the area of mental health, and to encourage others to talk more openly about their own mental health. As part of Gary's recovery from depression in 2009/10, he took up running. He has since completed a number of marathons and ultramarathons. His most recent achievement was completing the North Pole marathon in April 2015.

A WHO interview with Charlene Sunkel and Gary Seery is available here: https://www.youtube.com/watch?v=4e7uobXp9z0&feature=youtu.be

The theme of dignity in mental health touched many people worldwide, reflected in the fact that @WHO's tweet on this subject was the most retweeted in WHO history, and the second most retweeted message from a UN agency.

Additional background information and resources concerning this event is available here http://www.who.int/mental_health/world-mental-health-day/2015/en
Plenary session, 9 October 2015: Implementation of Comprehensive Mental Health
Action Plan 2013-2020 – Activities of national and international partners

Summaries of the Group Sessions were presented to the plenary. A number of partners briefly
described their key contributions to the implementation of the Mental Health Action Plan and
also, existing and evolving partnerships.

The Forum came to the conclusion that although a lot more needs to be done in global mental
health, the previous year witnessed all-round and substantial progress.

Contact

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Acknowledgments

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# AGENDA

## Thursday, 8 October 2015

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<tr>
<th>Time</th>
<th>Activity</th>
<th>Innovator(s)</th>
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<tbody>
<tr>
<td>08:00 – 09:00</td>
<td>Registration</td>
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<tr>
<td>09:00 – 09:15</td>
<td>Welcome and introduction</td>
<td><em>Shekhar Saxena</em>&lt;br&gt;Department of Mental Health and Substance Abuse, WHO</td>
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<tr>
<td>09:15 – 09:45</td>
<td><strong>Opening plenary session:</strong>&lt;br&gt;<em>Meeting the global mental health challenge through innovation</em></td>
<td><em>Peter Singer</em>&lt;br&gt;Grand Challenges Canada</td>
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<tr>
<td>09:45 – 10:15</td>
<td>Innovation into policy and practice (1):&lt;br&gt;<em>Service scale-up in Ethiopia</em></td>
<td>Innovator: <em>Abe Fekadu</em>&lt;br&gt;Policy-maker: <em>Tedla Georgis</em>&lt;br&gt;Moderator: <em>Shekhar Saxena</em></td>
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<td>10:15 – 10:30</td>
<td>Discussion</td>
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<td>10:30 – 11:00</td>
<td><strong>Coffee break</strong></td>
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<td>11:00 – 11:45</td>
<td>Innovation into policy and practice (2):&lt;br&gt;<em>Quality Rights scale-up in Gujarat, India</em></td>
<td>Innovator: <em>Soumitra Pathare</em>&lt;br&gt;Policy-maker: <em>Ajay Chauhan</em>&lt;br&gt;Moderator: <em>Michelle Funk</em></td>
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<td>11.45 – 12.00</td>
<td>Discussion</td>
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<td><strong>12:00 – 12:30</strong></td>
<td><strong>Lunch</strong>&lt;br&gt;(<em>Sandwiches provided outside the Executive Board Room)</em></td>
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<td>Time</td>
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<tr>
<td>12:30-12:35</td>
<td>Welcome remarks</td>
<td>Shekhar Saxena <em>(WHO)</em></td>
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<td>12:35-12:45</td>
<td>Disease Control Priorities Network: what it is and what it can contribute</td>
<td>Rachana Parikh <em>(Public Health Foundation of India)</em></td>
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<td>12:45-12:55</td>
<td>Why do MNS disorders represent a public health priority?</td>
<td>Harvey Whiteford <em>(University of Queensland, Australia)</em></td>
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<td>12:55-13:10</td>
<td>What interventions work? How and where should they be delivered?</td>
<td>Tarun Dua <em>(WHO)</em> and Inge Petersen <em>(University of Kwazulu-Natal, S Africa)</em></td>
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<td>13:10-13:20</td>
<td>How much will it cost to deliver priority interventions and to whose benefit?</td>
<td>Dan Chisholm <em>(WHO)</em></td>
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<td>13:20-13:30</td>
<td>DCP Volume on MNS disorders: key messages and policy implications</td>
<td>Vikram Patel <em>(Public Health Foundation of India)</em></td>
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<td>13:30-13:50</td>
<td>Evidence for policy: needs, barriers and opportunities</td>
<td>Janice Cooper <em>(Carter Center Liberia Mental Health)</em> and Pamela Collins <em>(National Institutes of Mental Health)</em></td>
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<td>13:50-14:00</td>
<td>Conclusion and next steps</td>
<td>Vikram Patel, Dan Chisholm, Tarun Dua <em>(Volume editors)</em></td>
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<td>14:00 – 14:20</td>
<td>Coffee break</td>
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<td>14:30 – 16:00</td>
<td>Break-out / small group discussions</td>
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<tr>
<td>(Room E110)</td>
<td>Innovation into policy and practice (4):</td>
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<td><em>Community-based mental health care in post-conflict settings</em></td>
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<td>Innovator: Florence Baingana</td>
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<td>Policy-maker: Hafsa Lukwata</td>
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<td>Moderator: Mark van Ommeren</td>
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<tr>
<td>(Room M505)</td>
<td>Innovation into policy and practice (5):</td>
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<td><em>Brief Psychological Intervention for CMD in Zimbabwe</em></td>
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<td>Innovator: Dixon Chibanda</td>
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<td>Policy-maker: Prosper Chonzi</td>
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<td>Moderator: Dan Chisholm</td>
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<td>(Room M605)</td>
<td>Innovation into policy and practice (6):</td>
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<td><em>Scaled-up mental health service access and delivery in Haiti</em></td>
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<td>Innovator: Eddy Eustache</td>
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<td>Policy-maker: René Domersant / Devora Kestel</td>
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<td>Moderator: Fahmy Hanna</td>
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<tr>
<td>(Room M405)</td>
<td>Innovation into policy and practice (7):</td>
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<td><em>Development and implementation of district-level mental health care plans in Africa and Asia: the PRIME study</em></td>
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<td>Innovators: Crick Lund / Inge Petersen</td>
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<td>Policy-maker: Rabih Chammay</td>
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<td>Moderator: Tarun Dua</td>
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<td>16:00 – 16:45</td>
<td>Plenary feedback session by small groups</td>
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<td>(Executive Board Room)</td>
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<td>16:45 – 17:30</td>
<td>Concluding plenary session:</td>
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<td><em>Mechanisms for knowledge exchange</em></td>
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<td>Mental Health Innovation Network</td>
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<td>Shamaila Usmani</td>
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<td>London School of Hygiene and Tropical Medicine</td>
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<td>International Initiative for Mental Health Leadership</td>
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<td>Martin Rogan</td>
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<td>Lead-person, IIMHL</td>
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<td>17:30 – 19:00</td>
<td>Informal networking</td>
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<td><em>(Drinks and food will be provided at the WHO Restaurant Winter Garden)</em></td>
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**Friday, 9 October 2015**

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<tr>
<th>Time</th>
<th>Session/Activity</th>
<th>Presenter(s)</th>
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<tr>
<td>09:00 – 10:30</td>
<td><strong>Plenary session: high-level segment on “Implementation of Comprehensive Mental Health Action Plan 2013-2020”: Activities of WHO</strong></td>
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<tr>
<td>09:00 – 09:10</td>
<td>Overview of the Action Plan</td>
<td><em>Shekhar Saxena</em> (WHO)</td>
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<tr>
<td>09:10 – 09:20</td>
<td>Targets and indicators for mental health: <em>Atlas 2014</em></td>
<td><em>Dan Chisholm, Fahmy Hanna,</em> (WHO)</td>
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<tr>
<td>09:20 – 09:30</td>
<td>Targets and indicators for mental health: <em>Sustainable Development Goals</em></td>
<td><em>Ties Boerma</em> (WHO) <em>Graham Thornicroft</em> (King’s College London, UK)</td>
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<td>09:30 – 09:40</td>
<td>Scaling up care: updated mhGAP guidance</td>
<td><em>Tarun Dua</em> (WHO)</td>
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<td>09:40 – 10:15</td>
<td>Statements by Member States</td>
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<td>10:15 – 10:30</td>
<td>Discussion</td>
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<td><strong>Coffee break</strong></td>
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<tr>
<td>11:00 – 12:30</td>
<td><strong>Break-out / small group discussions</strong></td>
<td><em>(allow 5 mins to walk to rooms)</em></td>
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<tr>
<td><em>(Room M105)</em></td>
<td>Dignity and human rights protection</td>
<td><em>Moderator(s): Michelle Funk Natalie Drew</em></td>
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<tr>
<td><em>(Room M405)</em></td>
<td>Low-intensity psychological interventions</td>
<td><em>Moderator(s): Chiara Servili Mark van Ommeren</em></td>
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<tr>
<td><em>(Room M605)</em></td>
<td>Alcohol taxes and financing of treatment for substance use and mental disorders</td>
<td><em>Moderator(s): Vladimir Poznyak Dan Chisholm</em></td>
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<tr>
<td><em>(Room E110)</em></td>
<td>Implementation of the World Health Assembly Resolution on epilepsy</td>
<td><em>Moderator(s): Tarun Dua Archana Patel</em></td>
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<tr>
<td>12:30 – 13:00</td>
<td><strong>Lunch</strong> <em>(Sandwiches provided outside the Executive Board Room)</em></td>
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<tr>
<td>13:00 – 14:00</td>
<td><strong>Lunchtime seminar:</strong> <em>Living with dignity</em> <em>(open to all WHO staff in the Executive Board Room)</em></td>
<td><em>Gary Seery; Charlene Sunkel</em> <em>Moderator: Michelle Funk</em></td>
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<tr>
<td>14:00 – 15:45</td>
<td><strong>Plenary session: Implementation of Comprehensive Mental Health Action Plan 2013-2020: Activities of national and international partners</strong></td>
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<tr>
<td>15:45 – 16:00</td>
<td>Concluding remarks and close</td>
<td><em>Shekhar Saxena</em></td>
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<tr>
<td>16:00 – 16:30</td>
<td><strong>Tea and coffee</strong></td>
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</tbody>
</table>
mhGAP Forum 2015
“Mental health innovations and their uptake into policy and practice”

8-9 October 2015, Executive Board Room, WHO, Geneva

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