

"mhGAP Forum"
Mental Health Gap Action Programme 2008-2013
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OPENING KEY NOTE ADDRESS

Dr Ala Abwan
Assistant Director-General
World Health Organization

CHECK AGAINST DELIVERY

First and foremost, I welcome the key partners who are present here, representing countries and ministries of health, nongovernmental organizations, and academic institutions.

Noncommunicable conditions are the leading causes of morbidity and mortality worldwide. At WHO, within the Noncommunicable Diseases and Mental Health cluster, we are addressing a range of major programmes like the "Action plan for the Global Strategy for the prevention and control of noncommunicable diseases", "Global Campaign for violence prevention", the "Global strategy on Diet and Physical Activity" and the "WHO Framework Convention on Tobacco Control". In the area of mental health, the "mental health Gap Action Programme," the *mhGAP*, is our key approach to addressing the enormous challenge of mental and neurological disorders. It is an important priority for the organization. It was launched by our Director-General, Dr Margaret Chan, last year on 9th October, a day before the World Mental Health

Day. This is a logical follow-up action to the previous advocacy initiatives such as the World Health Report 2001, the “Call for action from Ministers of Health” and the resolutions passed by the World Health Assembly.

We believe that mental health is directly linked to development of individuals and societies. Holistic care of individuals is not possible unless and until mental health problems are addressed. Improving mental health care and services would also contribute to the attainment of the Millennium Development Goals.

We are here today to discuss and develop a strategy for implementing the mhGAP and scaling up care in countries where the programme is most needed. mhGAP is an action plan that addresses the abysmal lack of care, especially in low- and middle-income countries, for people suffering from mental, neurological, and substance use disorders. The mhGAP document lists the countries for intensified support. This is based on the criteria of high burden of mental, neurological and substance use disorders and scarcity of resources in these countries leading to huge treatment gaps.

The mhGAP provides a framework to scale up care in a realistic and affordable approach. A prerequisite to any sound planning process is objective and accurate situation analyses to assess needs and resources, to identify priorities and help in phasing interventions. This process has been supported by the technical support available within WHO. The WHO Assessment Instrument for Mental Health Systems (WHO-AIMS) has data from 82 low- and middle-income countries from all WHO regions. Additionally, and as core to scaling up mental health care in countries, a group of international experts

and key stakeholders was established who have multidisciplinary expertise to guide the process.

WHO has very recently developed a series of evidence-based recommendations which would form the basis of mhGAP intervention package. A meeting to review the draft of the intervention package by a group of international experts would be soon held. The meeting is being supported by Rockefeller Foundation. The experts that will participate in the meeting will not only include academicians, health professionals but also health planners especially from low and middle countries.

Based on the existing resources within the health systems, decisions would need to be made as to how best to deliver the chosen interventions at health facility, community and household levels to ensure high quality and equitable coverage. mhGAP focuses on delivery of essential interventions integrated into the existing health systems following the primary health care approach. Last year, WHO and Wonca jointly issued a report showing why integration of mental health into primary care is the most rational approach.

Before the implementation, the intervention package would need to be adapted according to national policies, needs and resources. The process of implementation would include visits to selected countries, working with the local stakeholders to adapt the intervention package, capacity development and training workshops.

What is of crucial importance is to have a clear idea on the cost of implementation including training and capacity building. This is an area of work

that is given a priority within the mhGAP programme.

We know that "What gets measured gets done" and therefore a plan for monitoring and evaluation together with identification of tools and methods for measurement, should be an integral part of the process. During the implementation phase, the intervention package should be evaluated for its feasibility and effectiveness.

The way forward for mhGAP is to establish productive partnerships, to reinforce commitments with existing partners, and to attract and energise new partners. At present, no single player has the expertise, funding or research and delivery capabilities to tackle the full range of issues related to mental health care on a global scale. The different partners present here in this room bring together a variety of strengths and expertise and one aim of mhGAP forum and this meeting is to explore and facilitate synergies between the partners.

While discussing the strategy to improve mental health care and services and identifying the way forward, we should keep the following points in mind: one, the strategy needs to be rational, realistic and feasible taking into account the challenging environment; two, the scaling up of priority health interventions should necessarily be linked with strengthening of health systems and; three, success depends absolutely on the leadership and engagement of our partners.

The process we are embarking on today is a new beginning for many of us. We are serious in our intention to bring mental health to forefront within the public health agenda and to increase financing and investment of resources

for mental health care and services. We are looking for active support and partnerships with all of you and with others who are not present here. This might involve changing the way we have been doing business in the past. However, as Dr Chan pointed out in her speech at the launch of mhGAP, "The long-standing failure to take action and make progress against these (mental, neurological and substance use) disorders is no longer acceptable. There are no excuses anymore". Together we should identify the way forward and join efforts for advocacy and action to make this happen.

Thank you.

Additional information on mhGAP is available at:

http://www.who.int/mental_health/mhgap