

Why talk about Mental Health and Psychosocial Support?



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Outline

- 1. Burden of Mental, Neurological and Substance Use Disorders pre-COVID**
- 2. COVID-19 case load in AFRO**
- 3. Mental, Neurological and Substance Use Disorders resulting from COVID-19**
- 4. Disruption in Mental health services observed and Member State's response during the COVID-19 pandemic regionally**
- 5. EB Decision 148(3) of January 2021 and WHA74(18) of May 2021**

Burden of Disease Sub Saharan Africa (2017)

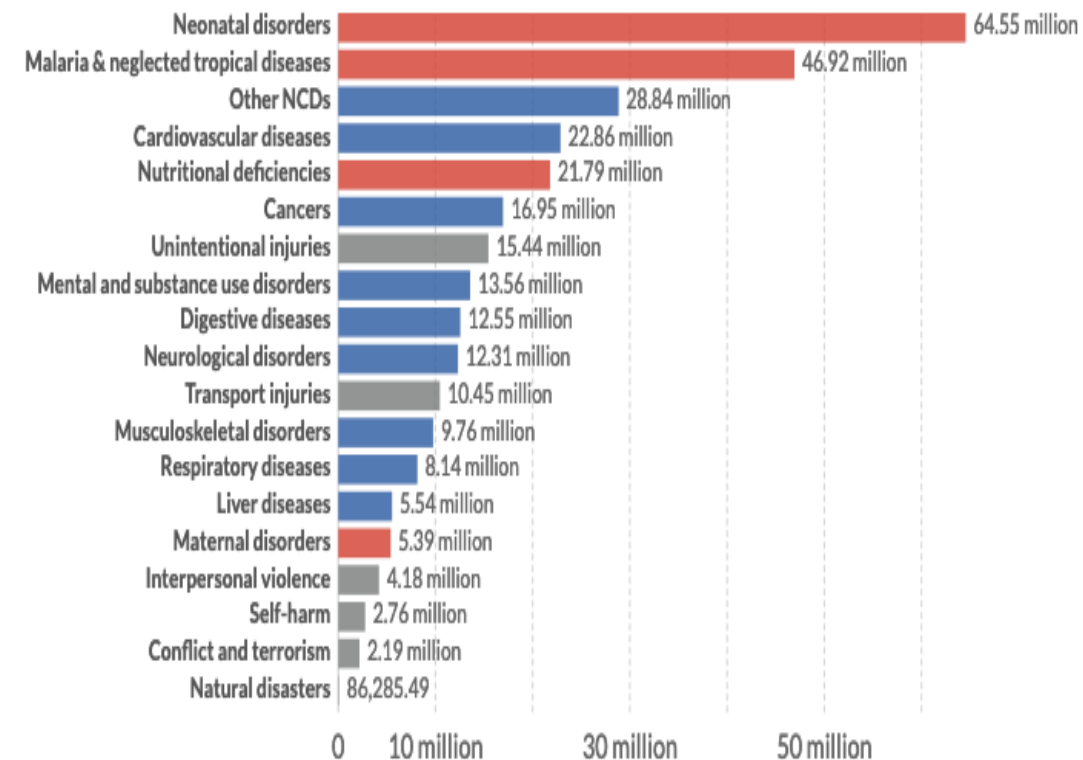
- Mental and Neurological Disorders are **6th**
- If combined with Neurological Disorders and self harm, they go up to **3rd** ...if the category of other is excluded.
- **85%** of Epilepsy burden is in SSA

Burden of disease by cause, Sub-Saharan Africa, 2017

Total disease burden, measured in Disability-Adjusted Life Years (DALYs) by sub-category of disease or injury.

DALYs measure the total burden of disease - both from years of life lost due to premature death and years lived with a disability. One DALY equals one lost year of healthy life.

[Change country](#)



Suicide Rates (2019)

WHO Region- males	Age-std. rate
AFR	18.0
EUR	17.1
AMR	14.2
SEAR	12.3
WPR	9.6
EMR	9.1

WHO Region-females	Age-std. rate
SEAR	8.1
AFR	5.2
WPR	4.8
EUR	4.3
AMR	4.1
EMR	3.5

WHO Region- both sexes	Age-std. rate
AFR	11.2
EUR	10.5
SEAR	10.2
AMR	9.0
WPR	7.2
EMR	6.4

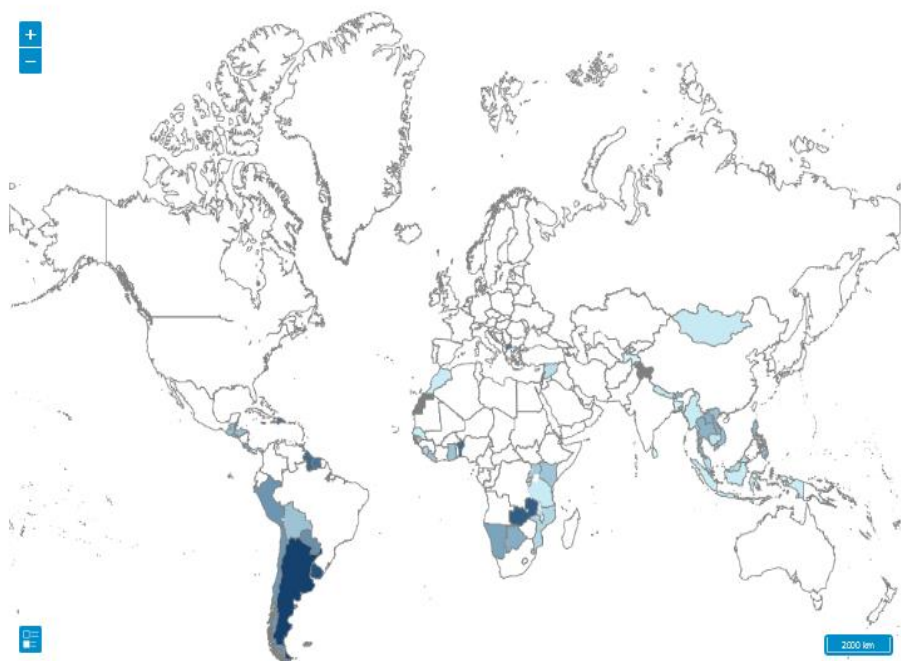
- For both sexes and for males, the African Region has the highest rates for suicide
- The African Region is second for females

Suicide Rates (2019)

Leading 10 countries- both sexes	Age-std. rate
Lesotho	87.5
Guyana	40.9
Eswatini	40.5
Kiribati	30.6
Micronesia (Federated States of)	29.0
Suriname	25.9
Zimbabwe	23.6
South Africa	23.5
Mozambique	23.2
Central African Republic	23.0

- 6 of the top ten countries globally are from the African Region.
- Southern Africa is over represented, which may be due to availability of data.

13-15 year-olds consuming alcohol

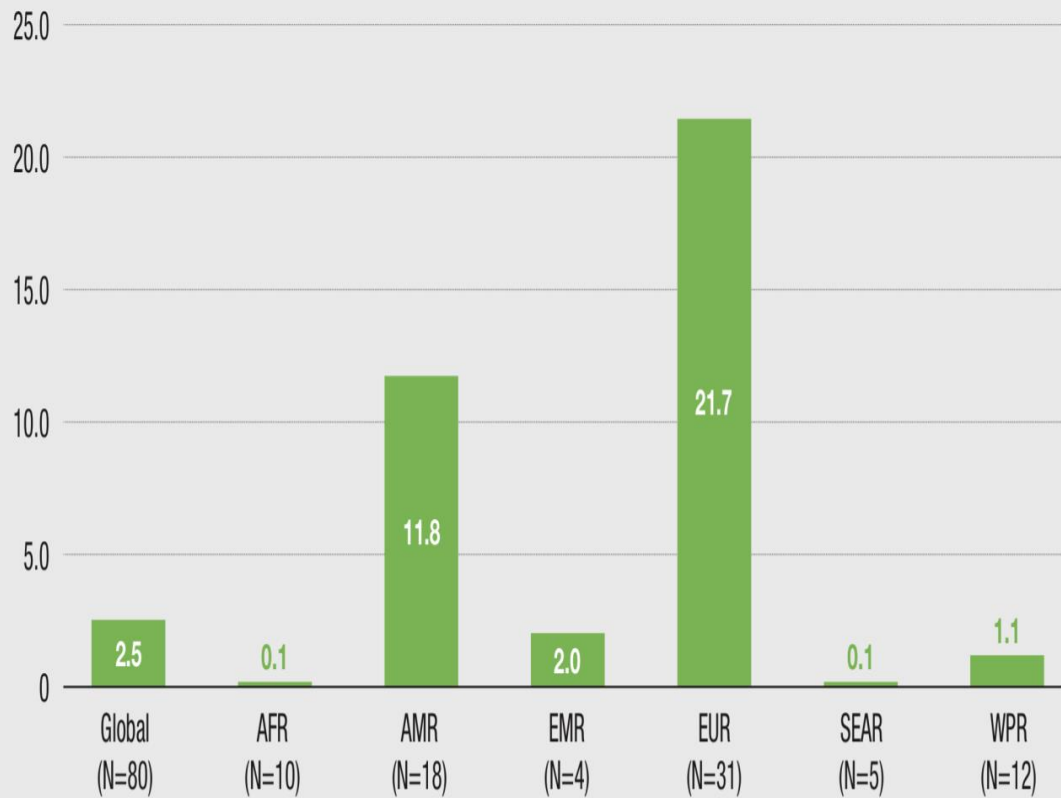


The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Country	Percent
1. Zambia	42.3%
2. Benin	39.3%
3. Namibia	23.5%
4. Botswana	20.6%
5. Kenya	14.6%
6. Liberia	14.5%
7. Uganda	12.8%
8. Sierra Leone	10.0%
9. Mozambique	9.6%
10. U.R Tanzania	3.8%

Government Mental Health Expenditure

FIG. 3.1.1 Government mental health expenditure per capita (US\$), by WHO region



Mental Health Workforce

FIG. 3.2.1 Mental health workforce per 100 000 population, by WHO region

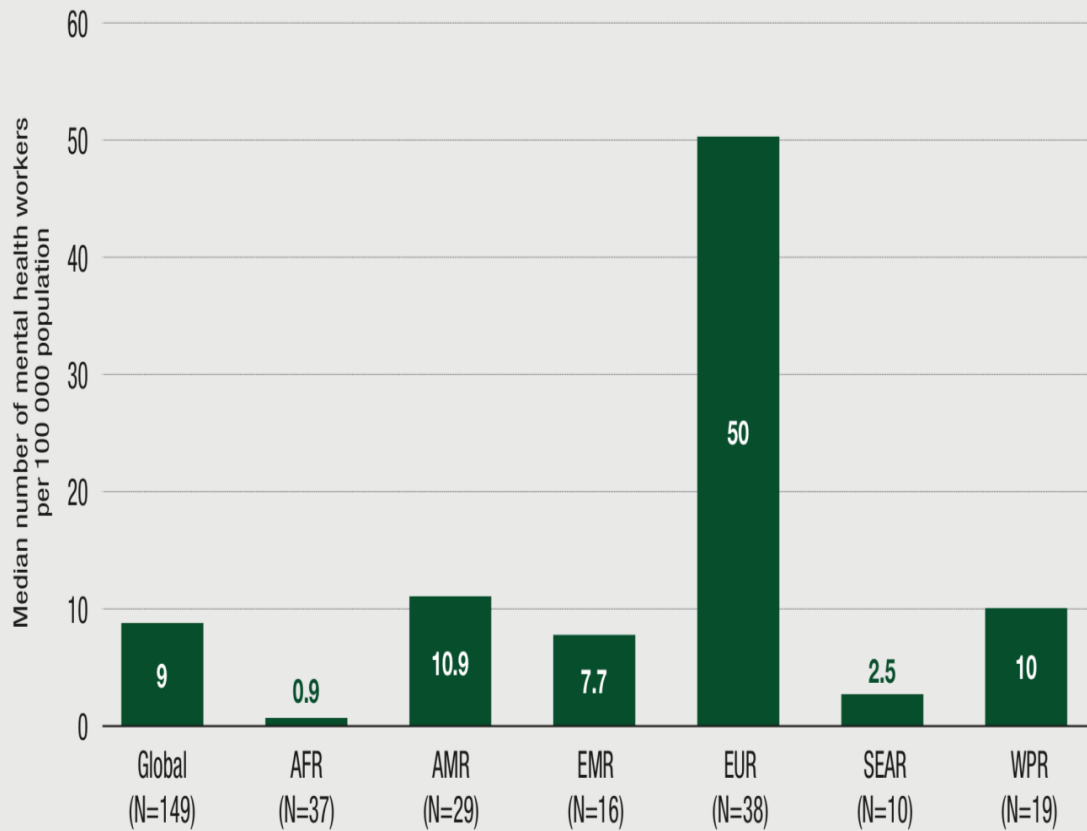
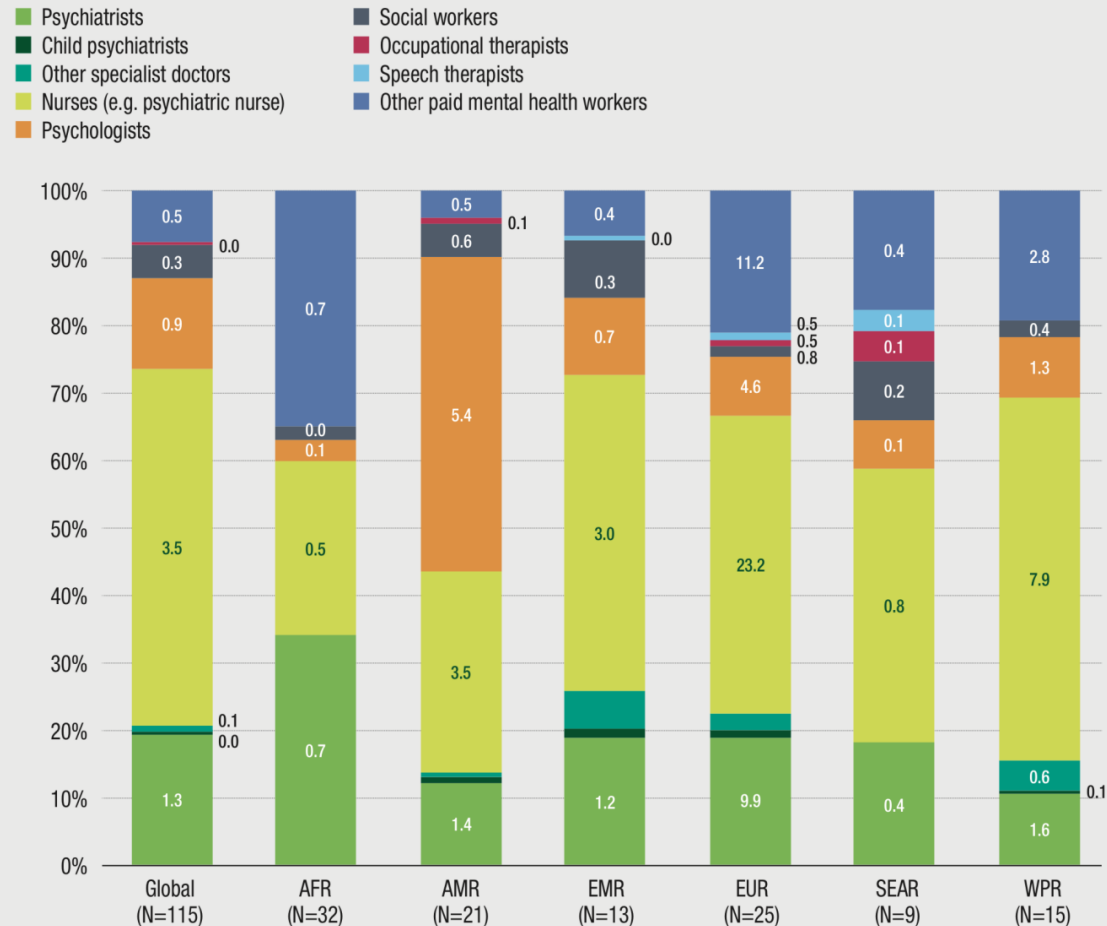


FIG. 3.2.3 Mental health workforce breakdown per 100 000 population, by WHO region



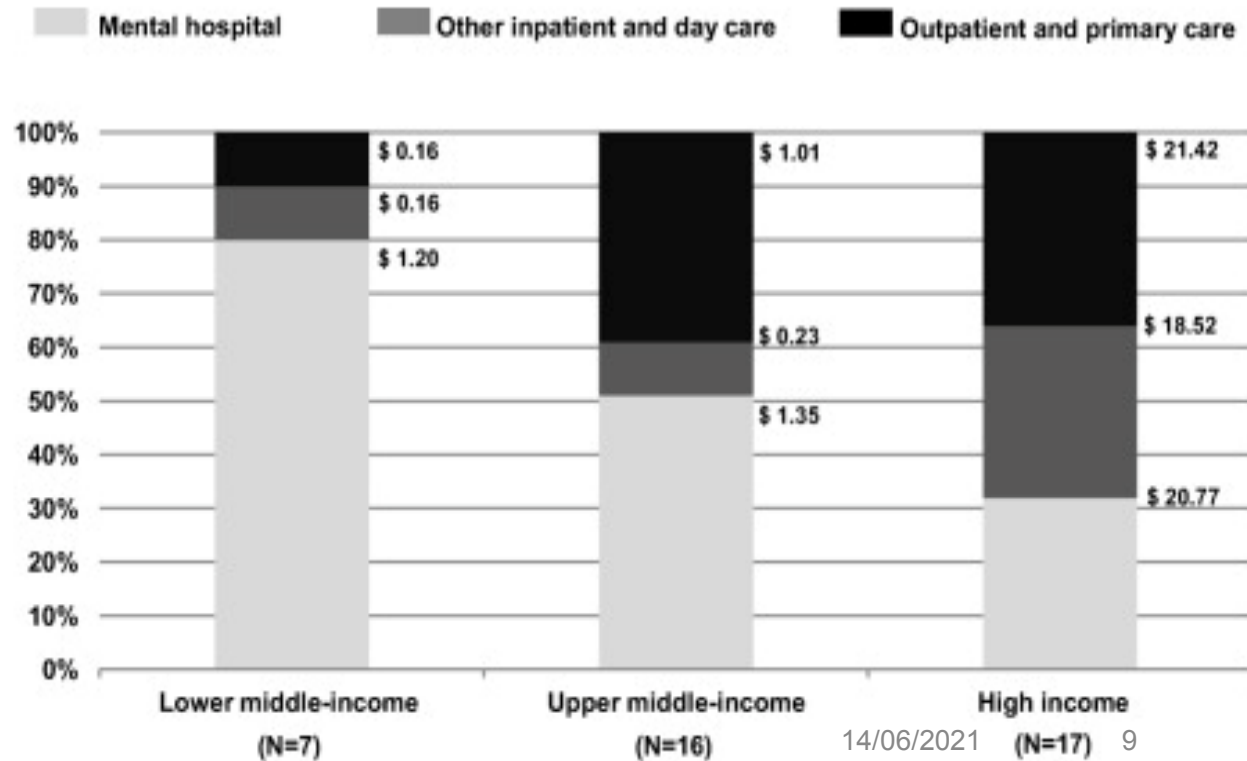
Global Distribution of Mental Health Expenditure



Community mental health care worldwide: current status and further developments

Graham Thornicroft,¹ Tanya Deb,¹ and Claire Henderson¹

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WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 23: 31 May to 6 June 2021
Data as reported by: 17:00, 6 June 2021

1 New event

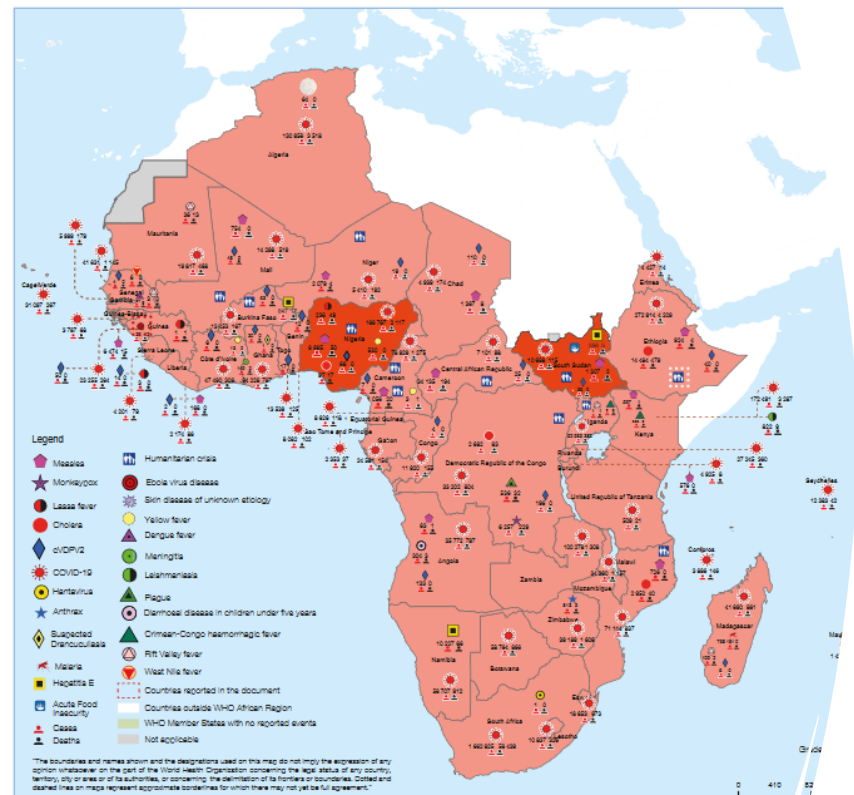
125 Ongoing events

113 Outbreaks

Humanitarian crisis

Status of Emergencies in the WHO Africa Region

- All 47 countries affected by COVID-19
- Guinea affected by Ebola VD
- Nigeria and Ethiopia have Protracted Grade 3 events
- Goma in DRC affected by Volcanic eruption at Nyiragongo

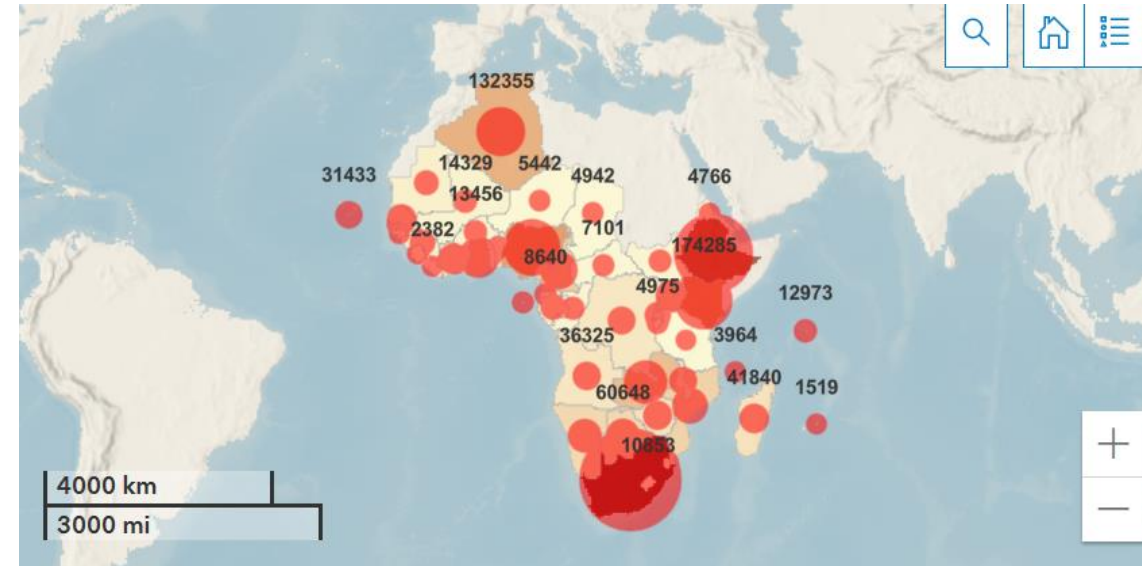


50 Grade 3 events	26 Grade 2 events	2 Grade 1 events	4 Ungraded events
2 Protracted 3 events	3 Protracted 2 events	3 Protracted 1 events	

14-Jun-21

COVID-19 Case Load

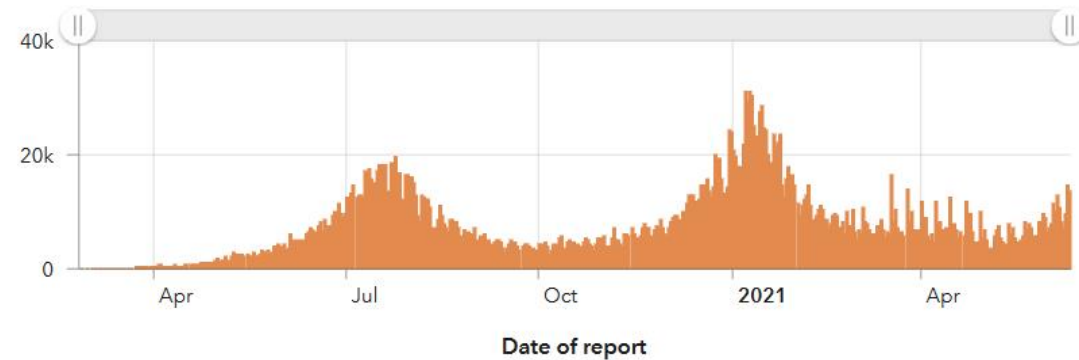
- 3rd wave is here
- 3,578,093 Cumulative cases
- 133,662 cumulative deaths as of 11th June 2021
- 71,617 active cases in SA
- 51,677 active cases in Kenya
- 36,671 active cases in Algeria
- 20,419 active cases in Ethiopia



Cumulative cases



Daily distribution of reported new cases in the WHO African Region (Please click on the top right corner to magnify)



Daily reported cases



Mental, Neurological and Substance Use Disorders resulting from COVID-19

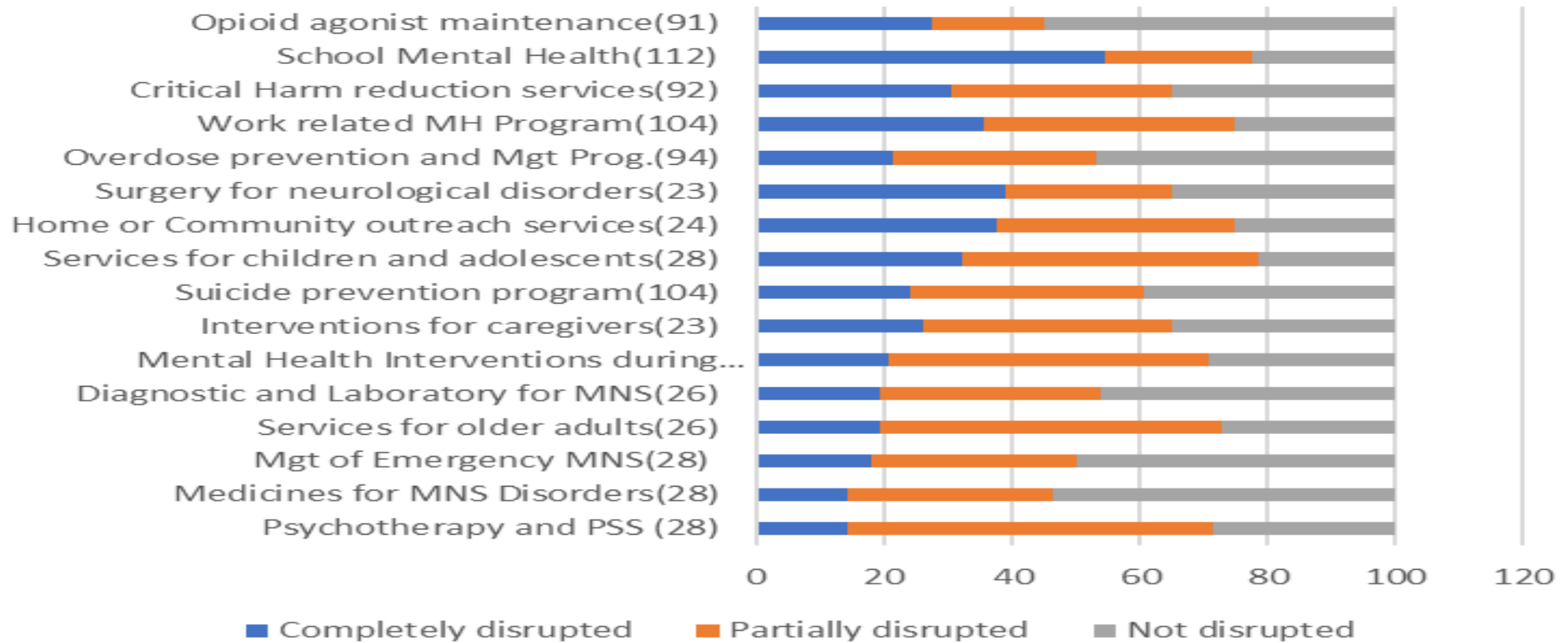
- Depression, anxiety and post traumatic stress, and other mental health conditions are prominent among HCWs*
- 45.6% of South African University Students reported Depression symptoms and 35.0% reported subjective feelings and anxiety**

* Robertson LJ et al (2020) S Afr. Medical Journal <https://doi.org/10.7196/SAMJ.2020v110i10.15022>

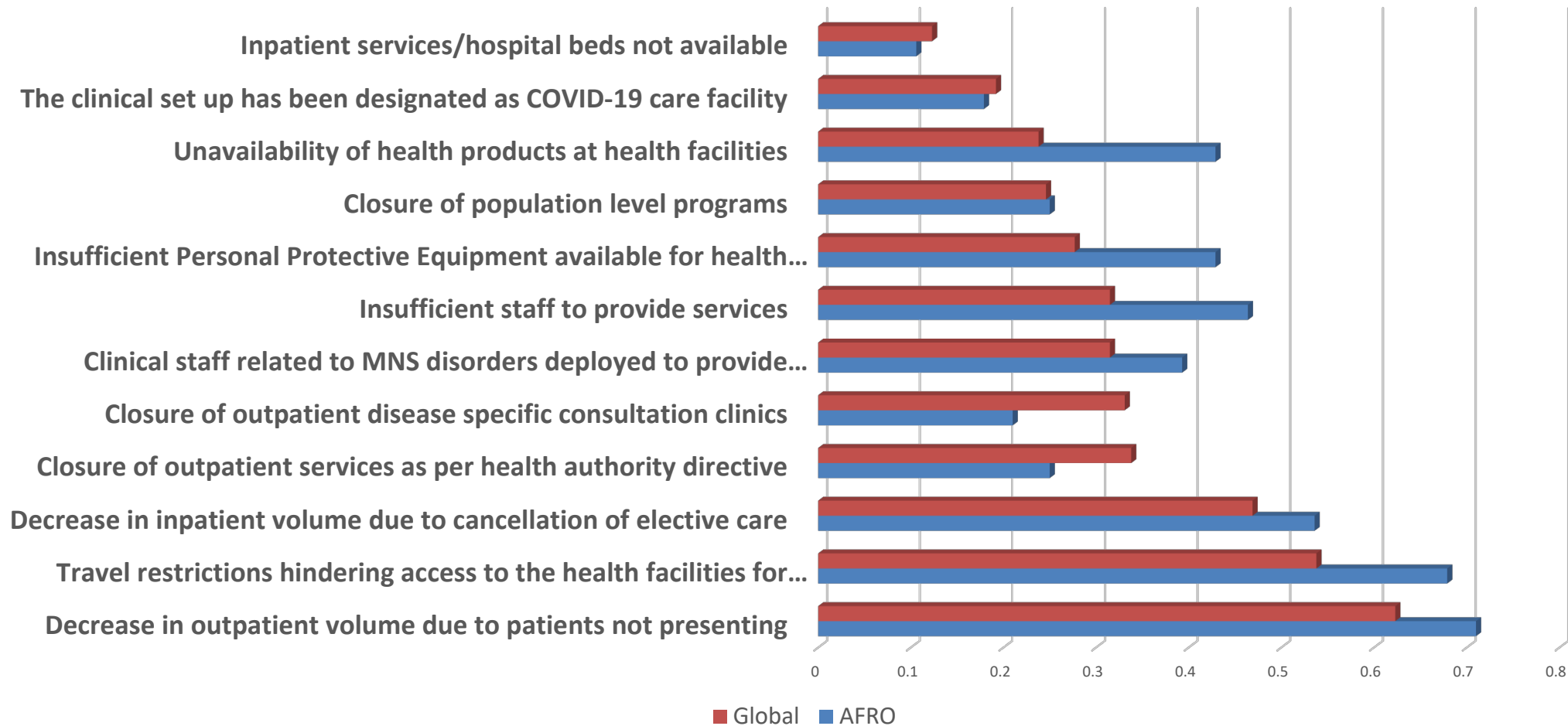
**Visser M and Law van Wyk E (2021) SA J of Psychology, vol 51(2) 229-243

Disruptions in MNS Services (AFRO)

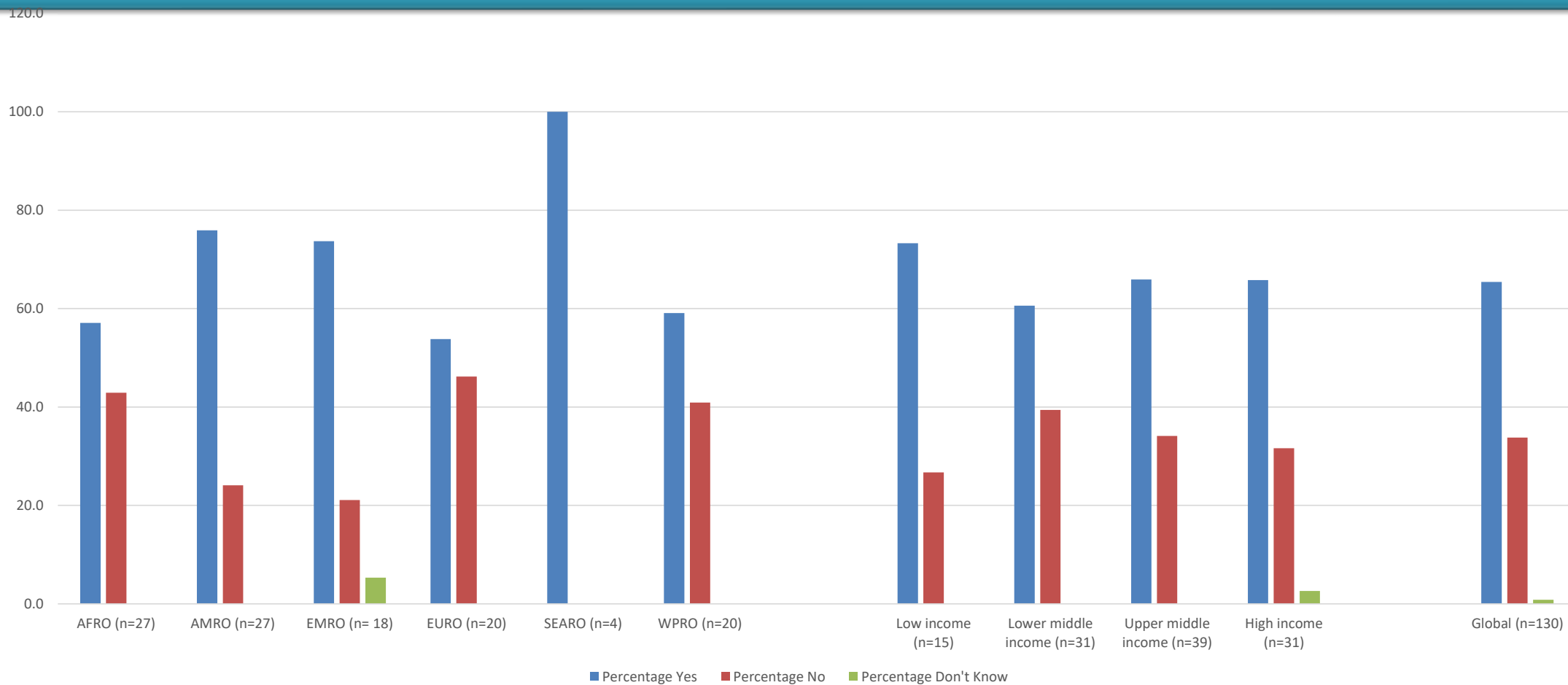
Chart Title



Causes of Service Disruption to Mental, Neurological and Substance Use Services



Multisectoral Coordination Platform by WHO Regions and WB Income Group



EB148(3)

(2) to urge Member States:¹

(a) to develop and strengthen, as appropriate, as part of a broader whole-of approach, the timely and quality provision of the whole range of comprehensive integrated mental health services and psychosocial supports which, as stated in the Declaration of the high-level meeting on universal health coverage (2019),² are components to achieving universal health coverage, including promotion of mental literacy and awareness and elimination of stigmatization, as well as promotion, prevention, early detection, treatment and rehabilitation, and follow-up care that are respectful of human rights and dignity, to all people, with an emphasis on health, care and support for workers, and with extra effort to reach people at high risk and those in vulnerable situations, leveraging innovative technologies, including remote mental health services and promoting equitable access to telehealth and other essential and cost-effective technologies when feasible, in the context of the COVID-19 pandemic and beyond, and consider the lasting impacts of the pandemic;

(b) to allocate adequate funding for mental health, to take action to maintain and update knowledge of mental health among other health professionals, and to study the impact of COVID-19 on mental, neurological and substance use conditions and their consequences, and share lessons learned with the Secretariat and Member States;



EXECUTIVE BOARD
148th session
Agenda item 14.3

EB148(3)
20 January 2021

**Promoting mental health preparedness and
response for public health emergencies**



World Health
Organization

SEVENTY-FOURTH WORLD HEALTH ASSEMBLY
Agenda item 18

WHA74(14)
31 May 2021

WHA78(14)

Mental health preparedness for and response to the COVID-19 pandemic

The Seventy-fourth World Health Assembly, having considered the consolidated report by the Director-General,¹

Decided to endorse the updated comprehensive mental health action plan 2013–2030, with due consideration for the plan's updated implementation options and indicators, given the need to support recovery from COVID-19, by means including promoting mental health and psychosocial well-being, building mental health services and psychosocial supports, and strengthening preparedness, response capacity and resilience for future public health emergencies.

Seventh plenary meeting, 31 May 2021
A74/VR/7

спасибо 谢谢
GRACIAS

THANK YOU

ありがとうございました MERCI

DANKE धन्यवाद

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