

WHO Consultation on the Zero Draft Global Mental Health Action Plan 2013-2020 The NCD Alliance Submission, 19 October 2012

The NCD Alliance was founded by four international NGO federations representing the four major non-communicable diseases (NCDs) – cancer, cardiovascular disease, chronic respiratory disease, and diabetes – and unites a network of 1,000 member associations and a further 1,000 civil society organisations in more than 170 countries. The NCD Alliance welcomes the opportunity to respond to WHO’s consultation on the Global Mental Health Action Plan 2013-2020.

Though not included by WHO in its definition of NCDs, mental health conditions significantly contribute to the global chronic disease burden and share common risk factors and multiple morbidities with NCDs.

While the challenge remains immense, the global NCD community has made significant progress in securing political recognition and commitment to action. The success of the 2011 UN High-Level Summit has firmly placed NCD prevention and control on the political and development agenda. The interconnections between NCDs and other global health and development priorities, including mental health, have been recognised and co-benefit approaches can be leveraged in the global response.

In responding to the Zero Draft Global Mental Health Action Plan 2013-2020, the NCD Alliance recommends:

- **Expanded definition of mental health to include neurological disorders**, specifically dementia and Alzheimer’s disease. These diseases pose a major burden worldwide, are fundamentally connected to other mental disorders and require similar interventions across health and social care.
- **Improved coordination between the responses to NCDs and to mental health**, ensuring that the planning processes for both the Global Mental Health and Global NCD Plans 2013-2020 are fully aligned, and the connections between these health issues are leveraged at global and national levels.
- **Strengthened principles of a ‘life course’, ‘multisectoral’, ‘empowerment’ and ‘rights based’ approach to mental health** within the Plan, to include a greater focus on people-centred services, patient education, and multisectoral prevention across the whole of society.
- **Explicit recognition of the interconnections between NCDs and mental health** and a strengthening of the focus in the Plan on integrated health systems, capable of addressing multiple health issues and the interactions between them.
- **Increased access to essential treatment and care in low and middle income countries**, including for essential medicines and technologies, and recognition of the lack of human resources for health and social care.
- **Full costing of the Plan and concrete actions for all stakeholders**, including bilateral aid agencies and non-governmental organisations, whose role in the response to mental health goes well beyond advocacy.

The NCD Alliance was founded by:



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Background

Demographic and epidemiological changes have created two huge and interconnected challenges to global health – the epidemics of non-communicable disease (NCDs), and mental disorders. The NCD Alliance defines mental ill-health to include the full range of mental and neurological disorders, including depression, anxiety, dementia and Alzheimer’s diseases, as stated in the UN Political Declaration on NCD Prevention and Control.¹

Global demographic, societal and economic changes have had major consequences for human health. Progress in public health has resulted in the ‘triumph of longevity’ worldwide and, by 2050, people over 60 years of age will outnumber children for the first time, with the fastest growth taking place in the developing world.² This global demographic transition has been accompanied by a major epidemiological transition to NCDs and mental disorders. Underlying social and economic determinants – including trends in economic development, urbanisation and the globalisation of unhealthy lifestyles – increase exposure to common risk factors, including unhealthy diets, physical inactivity, alcohol consumption and tobacco use.

Both epidemics have profound implications for health and social systems worldwide, with developed economies facing rising costs, and the sustainability of health systems in low- and middle-income countries (LMCs) being threatened. These epidemics not only share common global drivers, but are interconnected and are fuelling one another. Mental disorders can be the cause or consequence of NCDs: they increase the risk of developing NCDs, and people with NCDs are more likely to suffer from mental disorders, including depression, dementia, Alzheimer’s, stress and anxiety. NCDs significantly increase the risk of depression. Mental disorders present major barriers to effective NCD treatment and management, and impact adversely on quality of life for people with NCDs.

Both issues impact disproportionately on low and middle income countries (LMICs), where the NCD and mental health epidemics are accelerating fastest. Women and marginalized populations – such as indigenous communities and slum dwellers – are particularly exposed to NCD risk and experience barriers in accessing essential treatment and care. Inequality also increases vulnerability to mental health problems, with the poorest households, minority groups and women at greatest risk.

At the global level, NCDs and mental health are identified as leading economic risks. It is estimated that NCDs and mental health will cause \$47 trillion in economic losses by 2030 (\$16 trillion of which will come from mental health).³ The co-existence of NCDs and depression has a synergistic effect on the odds of disability and, in turn, reduced work productivity, increased absenteeism, and reduced quality of life. The high costs of health care, and substantial role in informal care by family members, have a major impact on household income and can drive individuals and families into poverty.

The Political Context

Although these challenges remain immense, there is now a political mandate for action. Last year’s UN High-Level Summit on NCD prevention and control, and the unanimous adoption of the UN Political Declaration fundamentally reframed NCDs as a development priority. NCDs were recognised as a leading challenge to global health and development in the 21st century, and governments formally acknowledged that *“mental and neurological disorders, including Alzheimer’s disease, are an important cause of morbidity and contribute to the global non-communicable disease burden, for which there is a need to provide equitable access to effective programmes and health-care interventions”*.

Significantly, the UN Political Declaration launched a process to establish a Global Monitoring Framework for NCDs, including a set of global targets for NCDs. All 193 Member States have already adopted the target to reduce preventable NCD mortality by 25% by 2025, progress to which will also have significant implications for the prevention and control of mental health disorders.

NCD Alliance Recommendations on the Global Mental Health Plan Zero Draft 2013-2020

The NCD Alliance commends the WHO Zero Draft Global Mental Health Action Plan 2013-2020 (GMHAP) and makes the following recommendations:

- 1. Expanded definition of mental health to include neurological disorders**, including dementia and Alzheimer's disease: the GMHAP recognises that dementia is part of the WHO definition of mental disorders, but the actions and strategies within the Plan do not fully address it. The scale and burden of dementia – which affects 35.6 million people now, and is set to double every 20 years to 65.7 million in 2030 and 115.4 million in 2050⁴ – and its fundamental connections with mental health, make it essential that dementia is fully integrated into the GMHAP. Dementia is a complex illness that is considered to be one of the most disabling of all chronic diseases, and requires both social and medical interventions. The Plan should support the recommendations made in the WHO report *Dementia: A Public Health Priority* (2012). Without inclusion in the GMHAP, dementia and Alzheimer's risk falling through the cracks and being overlooked in global health.
- 2. Improved coordination between the responses to NCDs and to mental health**. Despite the rising burden of NCDs and mental disorders and their interconnections, a lack of awareness and knowledge about these major public health issues remains. As WHO is undergoing a parallel process to define a new Global NCD Action Plan 2013-2020, these two planning processes should be aligned and coordinated to ensure maximum benefit for people with mental disorders and NCDs. The NCD Alliance recommends that WHO provides more detail on how the GMHAP will link to the next Global NCD Plan 2013-2020, and leverage strategic synergies between mental health and NCD responses at both global and national levels. Close coordination between these two Plans will be needed to promote a holistic response to health.
- 3. Strengthened life course approach to mental health**: A whole life course approach, inclusive of all ages, is vital for effective prevention, detection and diagnosis, management, treatment and care for NCDs and mental health. The NCD Alliance commends the inclusion of the life course approach as a cross cutting principle in the Plan, and stresses that this needs to urgently deliver people-centred services, which can provide integrated care for multiple diseases and conditions across the life course.
- 4. Strengthened multisectoral approach to prevention**. The NCD Alliance commends the principle of a multisectoral approach for mental health, but stresses that this needs to extend beyond the “health, education, employment, housing and social” sectors. Diseases such as NCDs and mental disorders are born from the societal conditions in which people live, and have an impact that go far beyond the health and social sectors. The engagement and cooperation of sectors including trade, agriculture, finance and transport, is urgently needed to tackle the leading risk factors for NCDs and for mental disorders such as dementia.
- 5. Strengthened approach to patient empowerment**. The NCD Alliance recommends that the principle of empowerment within the GMHAP be strengthened with patient education. Both empowerment and education are fundamental to enabling self-care, improving treatment adherence and quality of life for people with mental disorders and NCDs, and are recognised in the UN Political Declaration on NCDs. It is vital for people with NCDs and those at risk of NCDs to have access to self-management education and on-going support.
- 6. Strengthened rights-based approach**. The NCD Alliance commends the cross cutting principle of human rights within the GMHAP, and the explicit attention paid to equity and human rights within the policy response to mental health. The human rights approach to health is fundamental for tackling the inequality, stigma and discrimination which pose major barriers to the prevention and treatment of NCDs and mental disorders. We recommend WHO strengthen

this principle with clearly defined policy interventions for the alleviation of inequality and protection of human rights.

- 7. Explicit recognition of the interconnections between NCDs and mental health.** The NCD Alliance calls for an end to the siloed approach to global health, and a greater emphasis on holistic health systems that treat people, not the disease. Health systems should recognise the strong interconnections between diseases – including communicable diseases, NCDs and mental disorders – and work towards an integrated health approach that addresses the spectrum of people’s health needs. A holistic approach that increases the level of interaction between formal and informal health and social care provision is urgently needed. Health systems, particularly in LMICs, need to be re-orientated from the traditional focus on acute care to primary prevention, early diagnosis and on-going treatment and management for both NCDs and mental health. Although the GMHAP establishes the provision of “*comprehensive, integrated and responsive mental health and social care services in community-based settings*” as an objective, there is no mention of how action on mental disorders will be integrated with the response to NCDs.
- 8. Increased access to essential treatment and care in low and middle income countries.** Access to essential treatment and care for NCDs and mental health remains a major challenge in many LMICs. Formal care provision for dementia in many LMICs, for example, is virtually non-existent; and basic diagnosis, medicine and treatment regimens for NCDs are severely lacking. Where treatment and care are available, it is often beyond the financial grasp of most families, who are pushed into cycles of poverty and catastrophic expenditure from the high costs of health and social care. There is an urgent need to improve human resources for NCDs and mental health, which require multidisciplinary healthcare teams and coordinated clinical care. In addition to the urgent need to address the global shortage of health workers for the ongoing care of NCDs and mental health, the GMHAP should focus on strategies for informal care provision, which for many people in LMICs is the only option.
- 9. Full costing of the Plan.** A major omission from the GMHAP is the absence of costing. The plan needs to be fully resourced and actions identified to secure sustainable financing for mental health at the global, regional and national levels. This should explicitly specify action needed from bilateral aid agencies and multilateral funders, given the significant impact of mental disorders on the poor and vulnerable.
- 10. Concrete actions for all stakeholders.** The actions proposed for NGOs are too limited in scope and do not reflect the wide range of support which NGOs can and do provide. In addition to the advocacy items called for on page 16, NGOs can also contribute technical support, identify best practices, and build the evidence base. The Plan does not recognise the unique contribution of strategic civil society alliances, particularly alliances that cut across many different diseases and disorders. These alliances, like the NCD Alliance, are a key component to advancing progress.

¹ A/66/L.1 Political declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases 2011

² United Nations Population Fund, *Ageing in the 21st Century: A Celebration and a Challenge*, UNFPA, New York, 2012

³ World Economic Forum and Harvard School of Public Health, *The Global Economic Burden of Non-communicable Disease*, 2011

⁴ World Health Organization, *Dementia: A Public Health Priority*, WHO, Geneva, 2012