

WHO
SPECIAL
INITIATIVE
FOR
MENTAL
HEALTH



World Health
Organization

MID-TERM LEARNINGS
FINAL REPORT

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ACRONYMS

CFIR	Consolidated Framework for Implementation Research
COVID-19	Coronavirus Disease 2019
CSO	Civil Society Organisation
GPW13	13th General Program of Work
HQ	Headquarters
MH	Mental Health
MNS conditions	Mental, Neurological and Substance use (MNS) conditions
MoH	Ministry of Health
MSD	Department of Mental Health and Substance Use
NGO	Non-Governmental Organisation
PHC	Primary Health Care
WHO	World Health Organization

WHO SPECIAL INITIATIVE FOR MENTAL HEALTH

EXECUTIVE SUMMARY

The World Health Organization Special Initiative for Mental Health was launched in 2019 with the objective of establishing access to quality and affordable care for mental health conditions – as an integral component of Universal Health Coverage (UHC) – for 100 million people by the end of 2023. Nine countries are currently engaged with the Initiative, Bangladesh, Jordan, Paraguay, the Philippines, Ukraine and Zimbabwe began design and implementation work in January 2020; Nepal and Ghana joined in late 2021; and Argentina began work in 2022.

WHO commissioned this review to collate learnings to date from the Special Initiative. It involved review of 158 documents provided by WHO relating to Special Initiative activities across the nine participating countries and 42 interviews with country-level stakeholders, WHO regional and HQ personnel engaged with the Initiative and core donors.

Work through the Special Initiative has involved engagement across all building blocks of the health system in participating countries. However, at this stage of implementation, country documentation tends to have had a particular focus in the areas of leadership & governance and service delivery.

Documentation identifies leadership & governance (particularly in relation to the collaborative development of plans), workforce (particularly in relation to roll-out of training) and information systems (particularly in relation to establishment of metrics and indicators) as areas of particular success in Special Initiative work to date. Establishing a platform and profile to address mental health issues was the most widely acknowledged achievement of the Special Initiative amongst interviewees. Other recognised achievements related to convening a successful multi-stakeholder, participatory engagement process and key developments in law, policy or governance around mental health (both emphasised particularly at the country-level) and new, appropriate services being developed for an area (which was given greater emphasis by WHO regional or HQ staff and donors). Across implementing countries, achievements were identified in relation to all of the key transformational shifts in mental health provision specified in the 2022 World Mental Health Report.

Senior country-level buy-in, the quality of key personnel (particularly emphasised by WHO HQ/Regional staff and donors) and the planning processes followed for the initiative (particularly emphasised at the country-level) were the factors to which effective progress was most frequently attributed.

In the documents reviewed, challenges were reported most frequently in relation to issues of service delivery, leadership & governance and workforce. Although not a major focus in documentation, issues of financing were notable in being twice as likely to be reported as a

challenge than a success. Interviews demonstrated a wide range of views on the key factors constraining progress. Ambivalent political commitment was seen as a significant challenge by many interviewees. However, issues such as lack of clear funding flows, lack of trained human resources and community stigma were more frequently noted in country-level interviews, while limited capacity to translate plans into programme implementation was more frequently cited in interviews with WHO HQ/Regional staff and donors.

Findings are related to the core domains - the intervention, the setting (both internal and external), individuals, and the process – of the practice-focused Consolidated Framework for Implementation Research. This provides a basis for identifying which parts of implementation system established for country-level work would be usefully strengthened in the remaining funding period.

This leads to the identification of three particular areas of strategic action:

- a. increase political prioritisation and funding for systems-level transformation of mental health services;**
- b. articulate a sustainable, transformed model of care; and**
- c. promote a shared approach to feasible, appropriate and contextualised measures of change.**



INTRODUCTION

Mental health has been identified as a key area of work for accelerated implementation of WHO's 13th General Program of Work (GPW13), which covers the period 2019-2023, and has been extended to also cover 2024-2025. The WHO Special Initiative for Mental Health was established as a five-year programme by the Department of Mental Health and Substance Use (MSD) in 2019. The Initiative intends to advance policies, advocacy and human rights, and to rapidly scale-up quality interventions and services for people with mental health conditions, including substance use and neurological disorders. Specifically, it seeks to ensure universal health coverage (UHC) through access to quality and affordable care for mental health conditions in twelve countries. It aims to increase access to services for mental, neurological and substance use (MNS) conditions for 100 million more people by the end of 2023.

Six countries - Bangladesh, Jordan, Paraguay, the Philippines, Ukraine and Zimbabwe – began design and implementation work for this initiative in January 2020 and have been implementing since based on individual country specific work plans. Due to the disruption caused by the COVID-19 pandemic, work in these countries has been extended to the end of 2025. A further two countries, Nepal and Ghana, joined the Initiative in late 2021, followed by Argentina in 2022. For each of these countries the Initiative will run for a five-year period.

In mid-2022 WHO commissioned this review to collate learnings on what has worked well and not so well to date, and seek recommendations to inform the further support WHO will provide to countries as the Special Initiative for Mental Health progresses. Methods included a thematic desk review of 158 items of programme documentation and thematic analysis of 42 key informant interviews. Online interviews were conducted with MoH representatives, donors and WHO staff and consultants from country, regional and headquarters offices, and national stakeholders (including non-governmental organisations, service user groups and academic institutions). Further details are provided in the Methodology Annex.

"The Special Initiative compliments and supports implementation of our national mental health strategy and action plan." – MoH interviewee

"To address availability of medicines, there is work with the government to provide a medicines starter kit. Trainees liaise with the mental health coordinators to monitor the utilisation and replenish stores of medication."

– Other country-level stakeholder

"The initiative has led to awareness creating activities so that the demand for mental health services increases from the community level."

– Other country-level interviewee

"With our ongoing training program, we plan that half of our workforce at the community level will be trained with basic mental health training in the next three years."

– MoH interviewee

"We planned to strengthen information management systems that would then lead to us being able to do better monitoring and evaluation for the initiative."

– WHO HQ interviewee

"The initiative has prompted the review, revision and further development of the services of a district-level care system."

– WHO Country Office interviewee

"Reviewing the Mental Health Act is a potential game changer and will help transform services from the core. If we have updated policies in place we believe that will change the whole system"

– WHO Country Office interviewee

1

KEY AREAS OF IMPLEMENTATION

As a mental health system-wide initiative, implementation of the Special Initiative has inevitably involved engagement with all health system building blocks - service delivery, health workforce; information, essential medicines, financing, and leadership/governance - specified by the WHO¹. **Figure 1.1** shows the major themes represented in programme documents across all participating countries, categorised with respect to these six building blocks. Attention is broadly spread across each building block, although **issues of leadership/governance and service delivery are most frequently referenced, while information systems and financing were the least frequently referenced**. This is a consistent pattern for countries that began implementation in 2020 and those that joined the Initiative more recently (with the exception of the most recent country to join, Argentina, for which issues regarding workforce and financing are yet to be significantly reflected in planning documents).

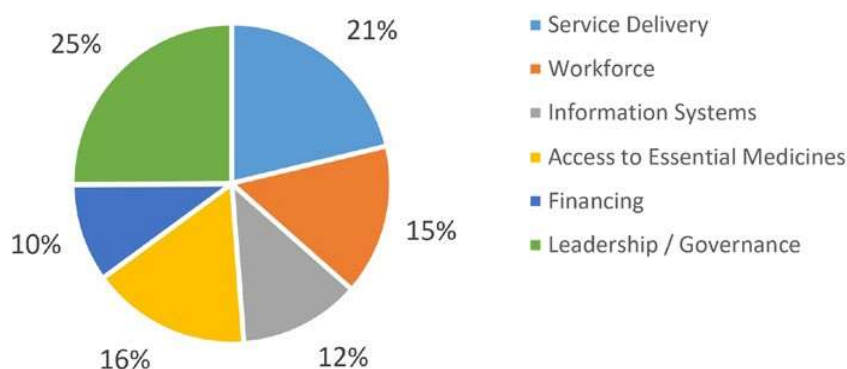
² World Health Organization: Everybody's business: strengthening health systems to improve health outcomes. WHO's Framework for Action. Geneva: World Health Organization; 2007.

In terms of specific issues addressed in programme documentation regarding these themes:

- the most frequent issues related to service delivery were access and coverage; health promotion & advocacy; and integration within primary health care.
- the most common workforce themes were securing human resources and developing worker capacities.
- planned work in the domain of information systems typically addressed the capacity of health information systems to effectively report the extent of and services provided for people living with MNS conditions.
- effective supply and access were the focus in relation to essential medicines.
- sources of public funding, external funding and the capacity of systems for the distribution of funds were the three core preoccupations reflected in documentation with regard to financing.
- with respect to leadership and governance, engagement with policy, legislation or planning was by far the most frequently referenced issue in programme documents reviewed.

FIGURE 1.1

Proportion of implementation themes in reviewed documentation linked to each building block domain



"We brought together the contribution from different mental health specialists, other partners, UN agencies and MoH... that has been a positive achievement since this initiative started."

– MoH interviewee

"Being part of the initiative created a momentum and put mental health on the list of priorities for the national authorities and stakeholders. The start of the initiative prompted work on updating the national action plan which had expired."

– WHO Country Office interviewee

"The initiative was a catalyst for bringing all the most prominent players – such as government and key other organisations in the mental health field - together and giving them space to harmonise their experiences and expertise."

– Other country-level stakeholder

"Our community-based mental health framework and the national Mental Health Strategy were developed through the Special Initiative funding."

– MoH interviewee

"This process of revising and developing [the implementation plan] involved the government, WHO, NGOs, and INGOs and integrated everyone in improving service capacity and strengthening systems – this process can inform other national health strategies."

– WHO Country Office interviewee

2 KEY ACHIEVEMENTS TO DATE

Where the above section notes key areas of intended and actual engagement across WHO Special Initiative for Mental Health countries, in which areas were the greatest successes identified? **Figure 2.1** shows the building block domains for which documentation noted particular achievements. This broadly reflects a similar distribution to areas of planned implementation noted above, except that domains of **leadership/governance** and (marginally) **workforce** and **information systems** reflect **proportionally more frequent reports of success**. Achievements identified in each of these areas reflect the early stage of implementation across the initiative: the collaborative development of plans, rollout of training initiatives and establishment of metrics and indicators respectively.

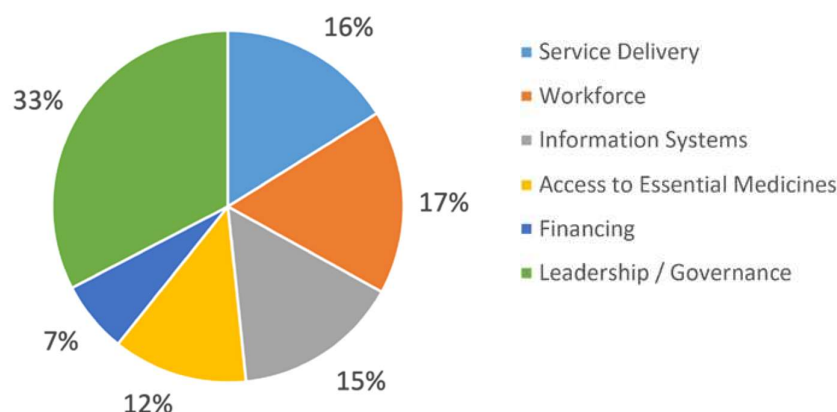
"Priority regions have been identified, inception meetings held and then regions have also developed their plans based on the national plan" – Other country-level stakeholder

Interviews directly addressed interviewees' understanding of key achievements of the Special Initiative to date.

Figure 2.2 shows the four response categories that emerged. The most frequent response reflected the view that a key achievement was **establishing a platform and profile to address mental health issues**. Whether globally, or at country level, the initiative has enabled focused discussion and engagement on a frequently neglected area. This served as a stimulus for determining future actions, with training initiatives commonly cited. It has not only provided a platform to convene discussions, but – given its global nature – has provided a valuable profile for this engagement.

Convening a multi-stakeholder, participatory engagement process to establish unique country Special Initiative for Mental Health plans over a 5-year period was also commonly viewed as a major achievement. This reinforces the view that the Special Initiative has offered a valuable focus for discussion in many contexts. A number of interviewees reported on the value of the inclusive process adopted.

FIGURE 2.1
Proportion of achievements noted in reviewed documentation linked to each building block domain



Substantive achievements in service or policy development were also frequently noted. **New, appropriate services having been developed for an area** (thematic or geographical) were highlighted by several interviewees, noting – for example – the advance of telehealth in Paraguay or community services development in Ukraine.

Others highlighted **key developments in law, policy or governance around mental health**. Examples provided included the passing of legislation regarding mental health

access in Paraguay and the appointment of a governing board to the Mental Health Authority in Ghana.

There was a tendency (see **Figure 2.3**) for country-level interviewees to particularly emphasise achievements related to the participatory engagement established for the Initiative and developments in law, policy and governance. WHO HQ/Regional and donor interviewees more typically cited examples of service development as examples of achievement.

FIGURE 2.2
Thematic focus of key achievements (n=103) reported in interviews (N=42)

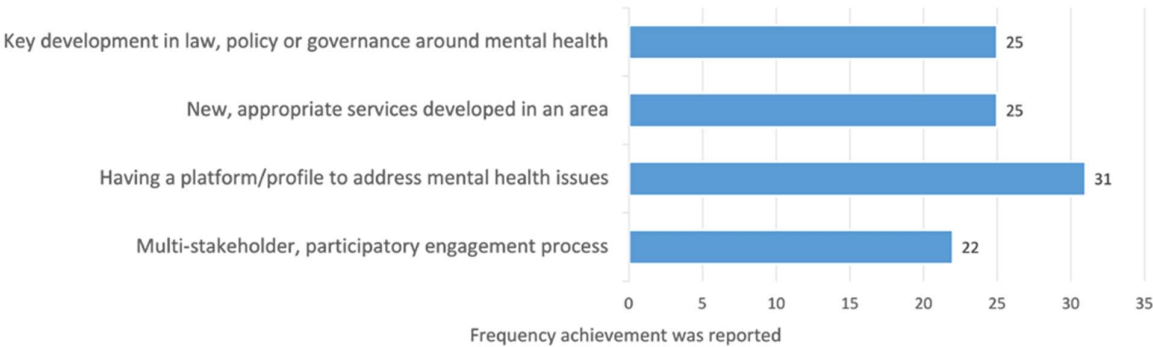
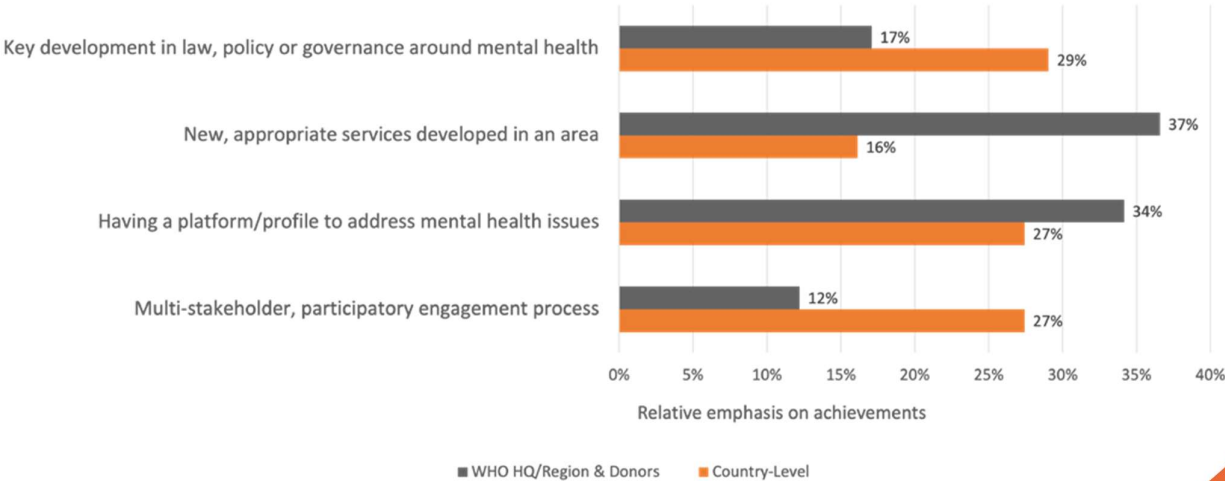


FIGURE 2.3
Thematic focus of key achievements (n=103) reported in interviews (disaggregated by country-level interviews, N=27 c.f. WHO Regional/HQ and Donor interviews, N=15)



Examples of country-level achievements in relation to the 'key shifts to transform mental health for all' specified in the 2022 World Mental Health Report², are shown in **Figure 2.4**. Individually, these achievements could be viewed as modest advances. However, taken together, they potentially represent important transitions in transforming national mental health services.

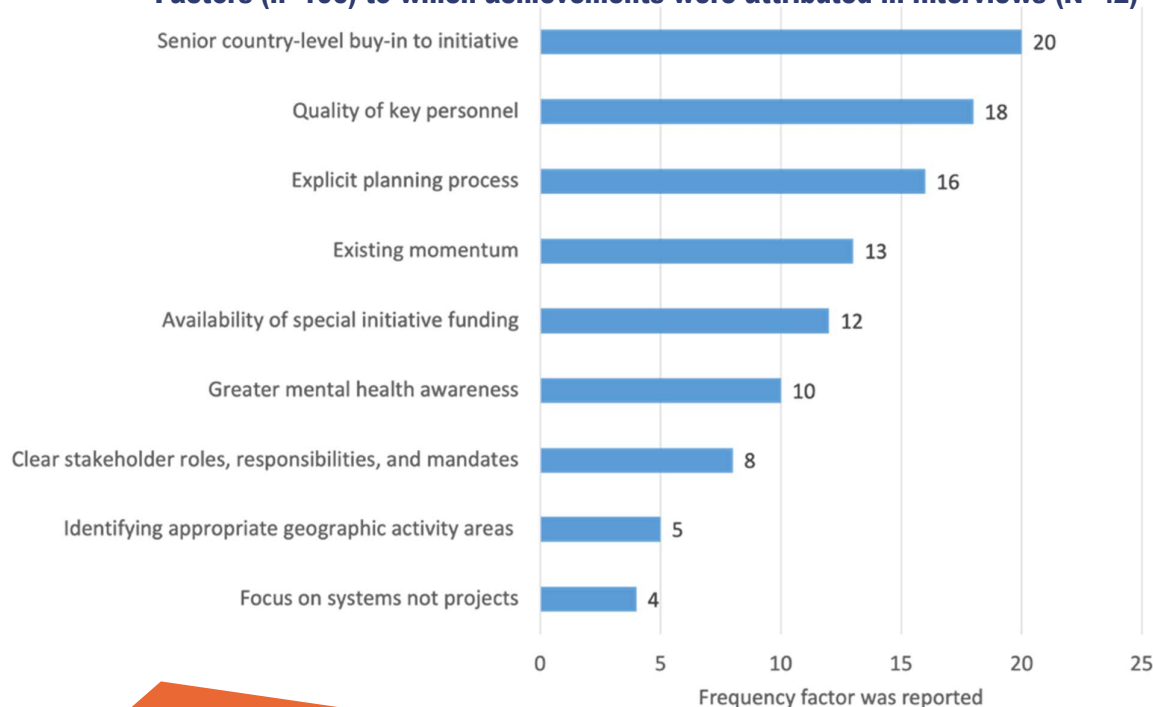
² WHO (2022) World Mental Health Report: Transforming Mental Health for All. <https://www.who.int/publications/i/item/9789240049338>. See Figure 8.2 p.254.

Interviewees identified factors they considered had facilitated achievements, with major themes shown in **Figure 2.4**. The factor most frequently referenced by interviewees was senior country-level buy-in to the initiative. While government commitment was a necessary condition of becoming a participating country in the Special Initiative, on-going support from senior

leadership regarding the human rights and primary care orientation of the Initiative was crucial to sustain progress. The links between this support and the prioritisation and financing of mental health developments is noted in later sections.

FIGURE 2.4

Factors (n=106) to which achievements were attributed in interviews (N=42)



"Wider stakeholder engagement was good. We would have about 100 participants at key meetings. So, we believe this enabled us to develop a specific mental health strategy, initiate various activities for services transformation, and identify the priorities and implementing strategies for improved provision."

– WHO Country Office interviewee

² WHO (2022) World Mental Health Report: Transforming Mental Health for All. <https://www.who.int/publications/i/item/9789240049338>. See Figure 8.2 p.254.

TABLE 2.1

Country-level examples of achievements showing shifts towards transformation of mental health for all as proposed in the World Mental Health Report 2022

	From	To	Examples
1	Limited value and attention to mental health	Mental health is valued by all	In many contexts the Special Initiative planning process is acknowledged to have engaged a wide range of stakeholders at national and regional levels. For example, in Jordan planning for the initiative prompted high-level involvement from national authorities, the review of the national Mental Health and Substance Use Action Plan, and the adjustment of national mental health priorities to match the global agenda.
2	Widespread stigma and discrimination	Equal participation in society free from discrimination	Ukraine notes progress in de-institutionalisation and the reduction of stigma on persons with enduring mental health conditions leaving special treatment facilities and gradually adapting to life in society. An NGO in Jordan is addressing social stigma in schools by educating children to be inclusive of and positively engage with children with disabilities.
3	Services are underfunded and under-resourced	Services are appropriately budgeted and resourced across sectors	In the Philippines, the central governmental budget for mental health is increasing to 1 billion pesos in 2023 (up from 57 million pesos in the current year). In Ghana, the MoH allocation to mental health provision has been raised from 1.0% to 1.4% of the annual health budget. In Jordan, the initiative is reported to have assisted in mobilising funds from donors, such as the Dutch Ministry of Foreign Affairs and the Italian Agency for Development Cooperation.
4	Little acknowledgement of the determinants of mental health	Real and active multisectoral collaboration on the determinants of mental health	In Bangladesh, introduction of the Mental Health Strategic Plan and National Mental Health Policy is considered a strong basis for multi-sectoral collaboration. In Argentina, engagement with the Special Initiative is reported to have prompted greater multisectoral engagement in planning than with previous initiatives in this area. In Paraguay, new mental health legislation seeks to address determinants of mental health as well as service provision.
5	Few and fragmented promotion and prevention programmes	Strategic and well-functioning promotion and prevention programmes	Jordan has seen the introduction of the CST (Caregiver Skills Training) package and the WHO Thinking Healthy programme. In Bangladesh, a psychologist post is planned for every high school and college to address counselling needs.
6	Predominantly biomedical approach to care	A balanced, evidence-based biopsychosocial approach to care	Ukraine has promoted the establishment of new forms of mental health provision through a Mobile Multiplication Team service. In Zimbabwe, partnership with faith groups and traditional healers is being used to strengthen community-based psychosocial supports.
7	Care that ignores people's own perspectives, priorities and human rights	Person-centred, human rights-based, recovery-oriented care	The strong human rights focus of the initiative is judged to have secured many stakeholders' engagement in Argentina. The new legislation drafted in Paraguay explicitly seeks to protect the rights of people who use mental health services. Service user organisations, such as Koshish in Nepal and the Mental Health Society in Ghana, are providing strong lived experience perspectives on planned scale-up of services and the ways services will be provided.

8	Mental health care is only provided by the health sector	Mental health care is embedded in services across sectors	School-based programs are reported in several settings, including Jordan and the Philippines. In Zimbabwe, the Special Initiative has prompted provision of a 'Mental Well-Being at the Workplace' programme, with support from private companies.
9	Fragmented services with uneven access and coverage	Coordinated services with universal health coverage	The Philippines is piloting a mental health package for outpatient settings at both the primary care and specialist care levels. In Zimbabwe, the National Mental Health Strategy articulates a clear vision for co-ordination amongst stakeholders for broad service coverage.
10	Care centred on psychiatric hospitals	Network of community-based mental health services	In Bangladesh, community workers are being identified for training, using a package developed by a technical committee comprising various specialised mental health professionals. In Nepal, mental health services at the community level have been strengthened across 14 districts by training 500 healthcare workers.
11	Mental health care not available in primary health care	Mental health care integrated in primary health care	mhGAP training has been identified as a key strategy for strengthening primary health care provision in many contexts. In Bangladesh, four districts have been selected for integrating mental health into primary (and secondary care) and are rolling out mhGAP for health professionals. In Ukraine, family doctors within primary health care have received mhGAP training.
12	Community providers and informal support for mental health are ignored	Community providers and informal support are activated and strengthened to support people	Many countries reported key partnerships with non-governmental organisations to deliver on Special Initiative objectives, including TPO in Nepal and Friendship Bench in Zimbabwe.

The **quality of key personnel** in senior positions was the second most frequently cited factor facilitating progress, with many interviewees noting the importance of the capacity of MoH and WHO country office leads to drive progress.

In line with multi-stakeholder engagement being viewed as a major achievement, many interviewees pointed to the value of the **explicit planning process** that had been

followed for the Special Initiative for Mental Health in their countries. This included reference to specific aspects of the process, such as the use of logframes, kick-off meetings and consultations. These were all seen to have been helpful to engage a broad range of stakeholders to jointly identify shared objectives.

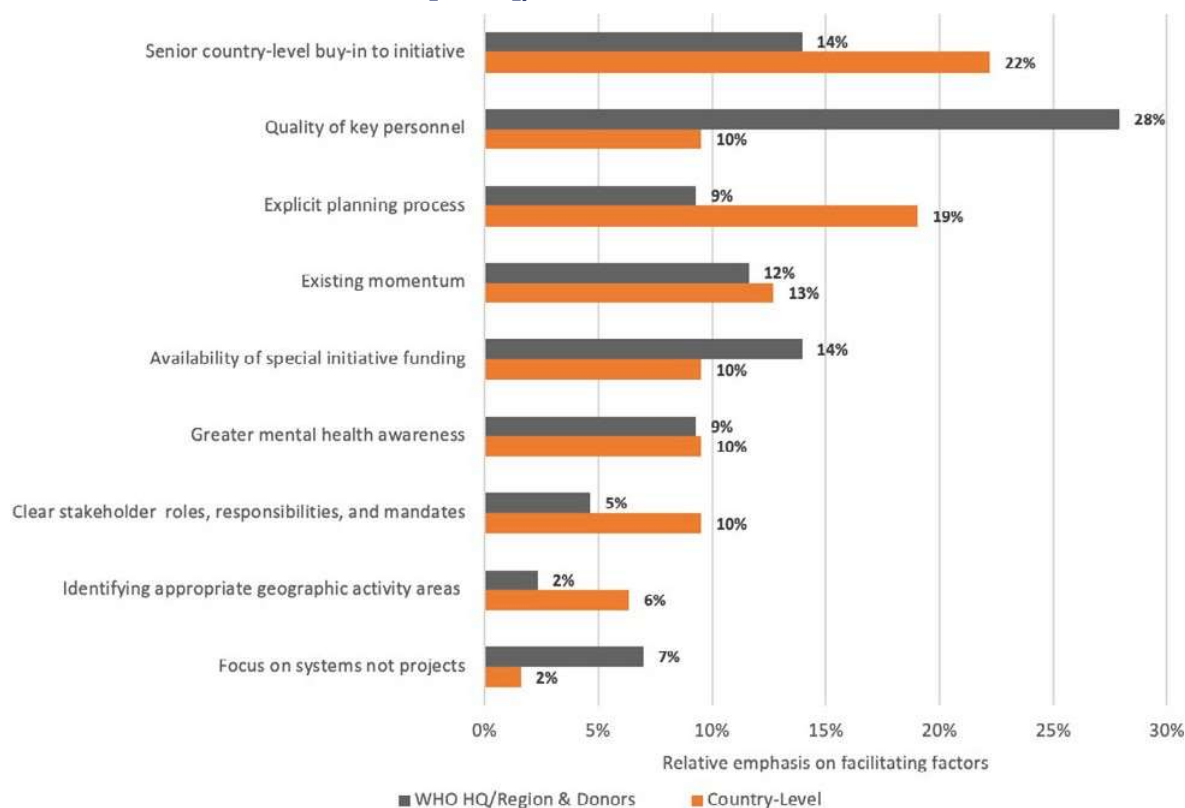
Interviewees saw **building on existing momentum in work at the country-level** (whether in terms of law, policy or services) a major benefit for Special Initiative activities. Other factors seen to facilitate progress included:

- having **clear stakeholder roles, responsibilities and mandates**;
- **greater awareness of mental health issues**, whether this was due to the COVID-19 pandemic or, in the case of Ukraine, because of conflict; and
- in some cases, **identifying appropriate geographical areas for activities**. For example, in the newly created regions of Ghana where mental health system structures are poorly developed.

Figure 2.5 indicates that there was broad agreement between interviewees at the country-level and amongst WHO HQ/Regional staff and donors regarding the relevance of these factors that have contributed to achievements. However, the importance of senior-level buy-in and the adoption of an explicit planning process were particularly emphasised at the country-level. WHO HQ/Regional staff and donors put a particular emphasis on the quality of key personnel.

FIGURE 2.5

Factors (n=106) to which achievements are attributed in interviews (N=42) (disaggregated by country-level interviews [N=27] c.f. WHO Regional/HQ and donor interviews [N=15]).



"At the launch meeting in Geneva, we had the Secretary General of the Ministry of Health at that time joining in as part of the deliberations and the planning process –I think that helped."

– WHO Regional interviewee.

"Planning saw the involvement of many different stakeholders: the Ministry of Health, CBOs, NGOs, schools etc. Without the WHO it would not have been possible to gather all these stakeholders together."

– Other country-level stakeholder

"We tried to position the special initiative not as something which is completely new...but as a continuation of the existing capacity building initiative."

– WHO Regional interviewee

"The pandemic created an opportunity to highlight the importance of addressing mental health. It improved people's – including officials' - awareness of the issue."

– MoH interviewee

"There are very few psychiatrists and psychologists available, and most work in an urban setting. If I want to take mental health services to the rural level, the resources I would need for that are still not possible for us to provide."

– MoH interviewee

"Some of the funds came quite late and gave us very little room to utilise these for activities that we had planned."

– MoH interviewee

"It would be helpful for top WHO leaders to talk with the senior MoH staff that I report to. This would get MoH more actively involved, so that when we implement we don't get hiccups. They are often busy and have other areas to focus on, and therefore it is very easy for them to forget about this initiative."

– MoH interviewee

"During Covid-19, we had to change programme plans and develop guidelines to reduce the burden on the frontline workers and maintain their psychosocial well-being."

– WHO HQ interviewee

"Challenges arise when it comes to the availability of funds to implement elements of the initiative. It's very difficult to secure funds from the Ministry of Health. The Ministry is already overwhelmed with the huge needs of the population. Therefore, we count on the support of international partners and stakeholders."

– MoH interviewee

3

KEY CHALLENGES TO DATE

Various challenges were reported to affect the progress of the Special Initiative for Mental Health. From reviews of programme documentation, **Figure 3.1** shows the distribution of these challenges with respect to the health systems building block domains. These challenges clearly range across all categories, but **issues related to service delivery, leadership/governance and workforce were the most frequently noted.**

In the case of service delivery and leadership/governance, there is a similar emphasis to that in the analysis of areas of implementation noted in section 1. However, **challenges in the area of workforce are referenced proportionally more than would be expected** from that implementation analysis, indicating that work in this area has been experienced as particularly challenging.

Issues of financing are also flagged as a challenge more than would be expected from analysis of areas of implementation (and are also unique – noting **Figure 3.1** - in being **twice as likely to be reported as a focus of challenge than of success**).

Major themes identified from interviewees' discussions about challenges are shown in **Figure 3.2**. **Ambivalent political commitment** was the most frequently cited issue. This typically referenced uncertainty in follow-through on stated policy objectives. In some instances, this was linked with the wider issue of **competing priorities**. Although all governments had signed up to the objectives of the Special Initiative, in practice there were a wide range of other government interests and policy areas that were competing for attention and resources. The importance of addressing this area of political prioritisation is discussed in the next section.

FIGURE 3.1
Proportion of challenges noted in reviewed documentation linked to each building block domain

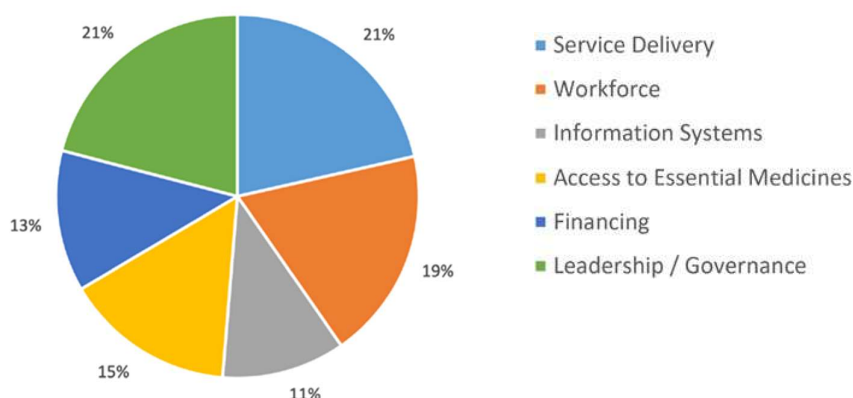
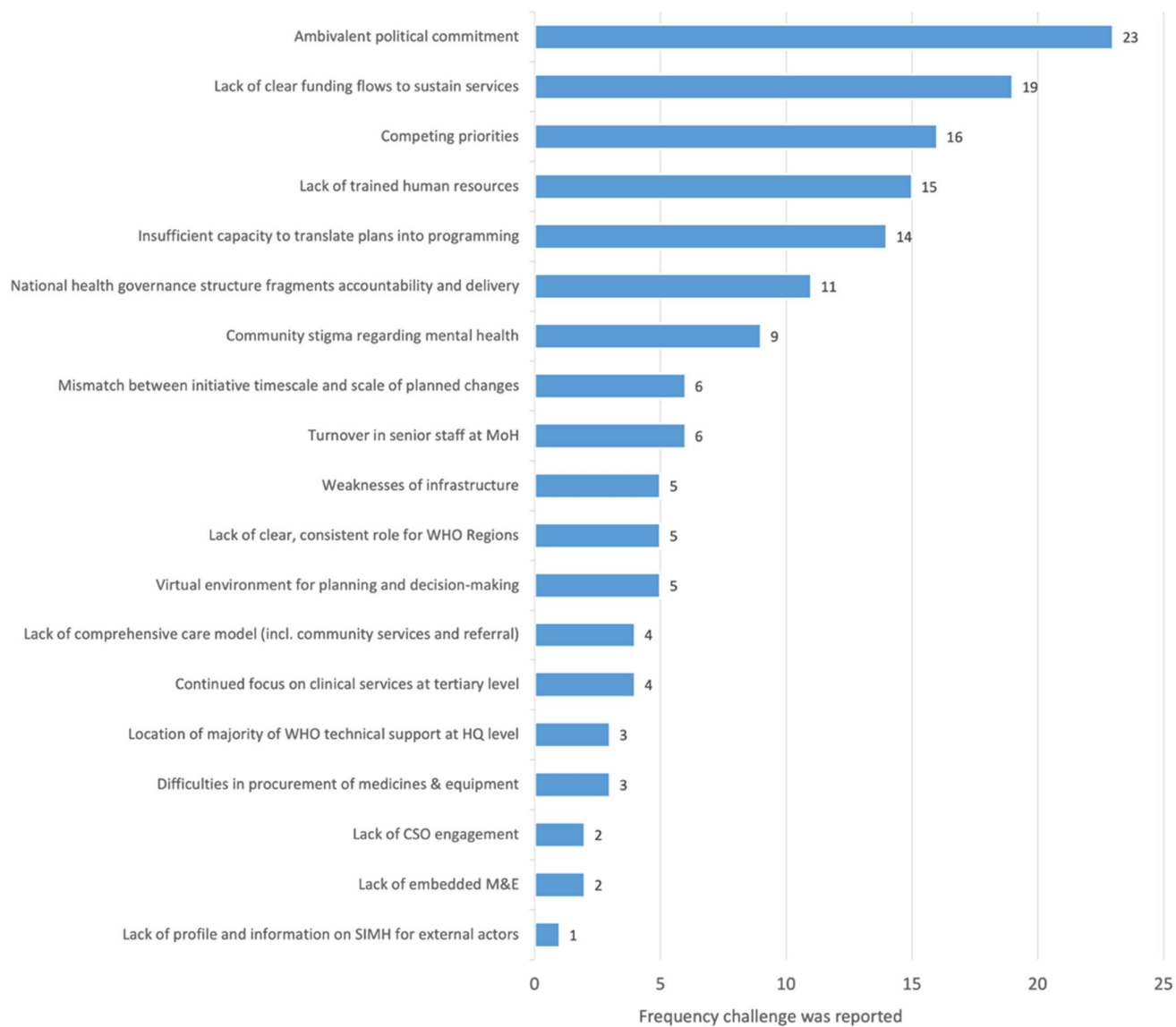


FIGURE 3.2**Thematic focus of key challenges (n=153) reported in interviews (N=42)**

Competing priorities was not only seen as a challenge within government, however. For example, postholders in the new regional authorities in Ghana were being faced with multiple tasks beyond mental health; high workload demands on community health workers in Bangladesh were cited and the balance of clinical and supervisory responsibilities of psychiatrists in Jordan were also mentioned. Many people key to Special Initiative implementation activities have been faced with pressure and incentives to engage in other work. This was recently exacerbated by the COVID-19 pandemic.

The concern over financing and workforce frequently flagged in program documentation was reinforced in interviews. Regarding health financing for mental health, the **lack of clear funding flows to sustain services** was a frequent focus of discussion, whether the emphasis was on government allocation to mental health provision, the tax basis to enable this, or the perceived continued dependence on donor support.

In terms of workforce, the **lack of trained human resources** was also a frequent theme in discussions, whether addressing the need for recruitment of cadres of personnel, their training and supervision, or the retention of staff within the health system.

Concern over the **limited capacity to translate plans into programme implementation** was raised by a number of interviewees. It was recognised that the skills and competences required to develop policies, plans and guidelines were different from those required to drive forward implementation.

Many other challenges are noted in **Figure 3.2**. Compared to the relatively focused listing of achievements and the factors facilitating them that emerged in the analysis of the previous section, **interviewees provided a much broader range of responses with respect to challenges affecting Special Initiative implementation.**

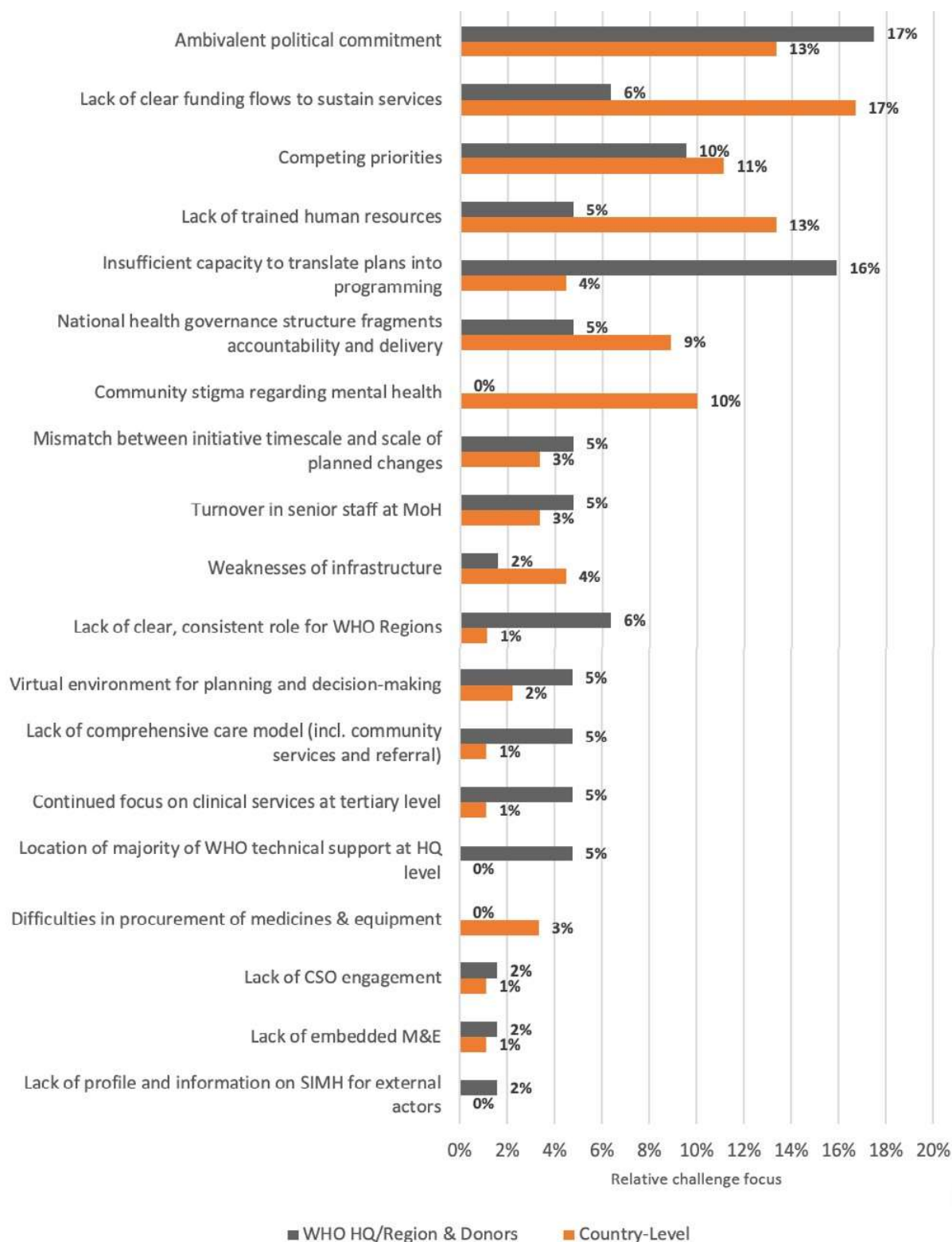
Figure 3.3 shows factors emphasised in country-level responses and those in interviews with WHO HQ/Regional staff and donors.

Ambivalent political commitment and competing priorities were seen as important issues by all, and provide a clear focus for future attention. However, issues such as lack of clear funding flows, lack of trained human resources and community stigma were much more frequently flagged in country-level interviews, while lack of capacity for translation of plans into implementation was more frequently cited in interviews with WHO HQ/Regional staff and donors. This **variation in attribution of the root challenges in advancing the Special Initiative agenda has important implications for sustaining joint action through the remainder of the implementation period.** Possible ways to address this are considered in section 5.



FIGURE 3.3

Thematic focus of key challenges (n=153) reported in interviews (disaggregated by country-level interviews [N=27] c.f. WHO Regional/HQ and donor interviews [N=15])



"As long as it is seen a WHO project then it's not really embedded and then the sustainability is at risk."

– MoH interviewee

"It is relatively easy to organise workshop training, but you need much more, including clinical supervision of trained PHC workers. This is very often neglected, and we know very well why it is neglected because it is more challenging to organise: who is doing that, how are they going to do that? With what resources and when? Where is the transport? These kinds of challenges are there."

– WHO Regional interviewee

"I request WHO and donors to carry on this initiative, which will help to build capacity for more districts because the government is just not ready yet to lead this initiative and roll it out across the country."

– MoH interviewee

"We need high-level advocacy for community-based mental health care because still you see some countries tend to prefer to invest in specialised mental health treatments."

– WHO Regional interviewee

"The two directorates don't talk to each other. We cannot have a service delivery model only based on primary care or only based on specialist services, they have to work in tandem with each other."

– WHO Regional interviewee

"It is important to assess whether the priorities match the government's priorities. If the government has separate priorities, it will focus on them first. We can only support the government in achieving some of the action plans, but ultimately, the government should be able to implement them across the country. Maybe we are running a project, but to sustain it, the government should be responsible or own this project."

– WHO Country Office interviewee

"We need to foster a health systems strengthening approach rather than a project approach."

– WHO Regional interviewee

"The focal person from WHO reports to the MoH and also reports to WHO. They are like an in-between. They have played a central role by representing both sides. That's been really helpful when I am tight with responsibilities; they can continue to move with Special Initiative stuff, which has been key for effective communication with various stakeholders and moving things faster than usual', "

– MoH interviewee

"There's a need for WHO staff to have more than a purely technical engagement...and understand local dynamics. It's a key part of empowering local capacities."

– WHO HQ interviewee

"The pandemic hindered programme implementation and drew MoH attention away from mental health."

– WHO Country Office interviewee

"There is real pressure from legislators and national advocates to implement the mental health law. That's one big thing that keeps us moving forward."

– MoH interviewee

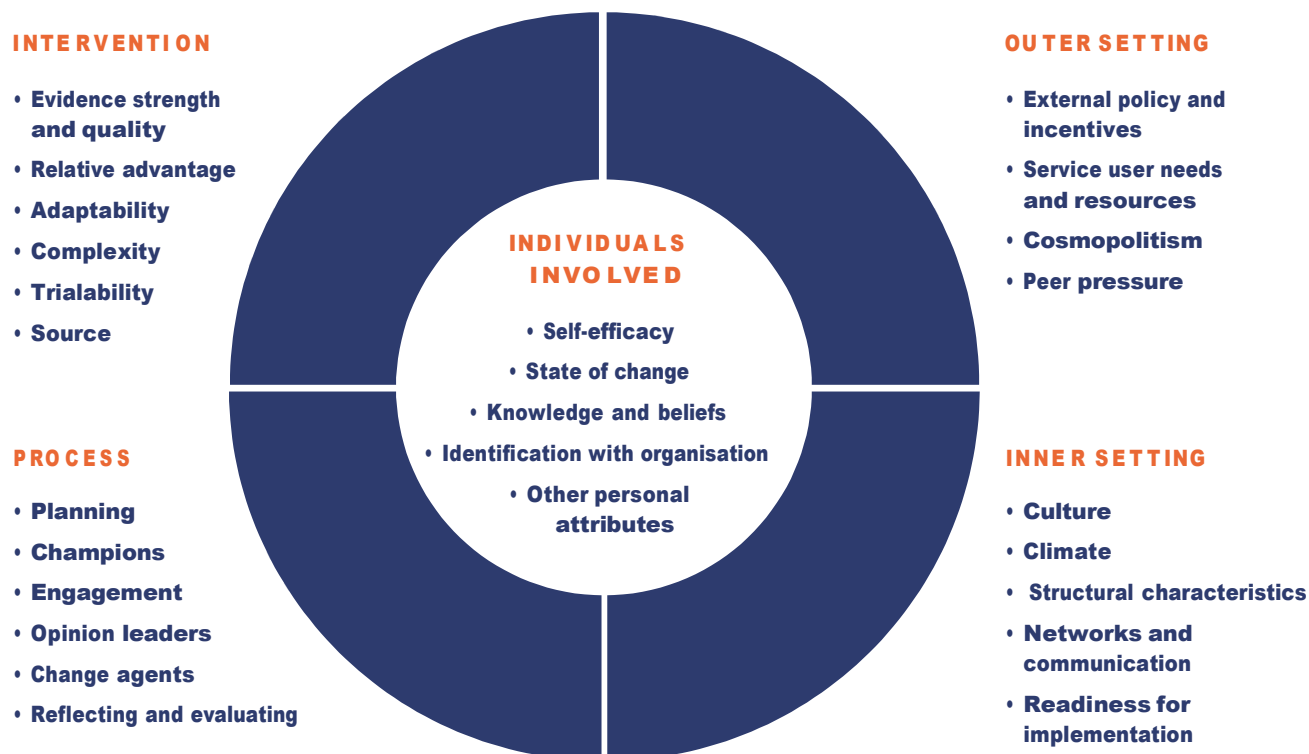
4

INSIGHTS ON IMPLEMENTATION

The WHO Special Initiative for Mental Health is not a research initiative; its primary and central focus is on implementation. Nonetheless, the Consolidated Framework for Implementation Research (CFIR)³, being a practice-focused model, provides a way of systematically considering the factors that have supported or constrained implementation of the Special Initiative to

date. This framework distinguishes between factors in five major domains: the intervention, the setting (both internal and external), individuals involved, and the process. These are considered in turn below, highlighting some of the key CFIR factors suggested as supporting effective implementation.

FIGURE 4.1
Consolidated Framework for Implementation Research constructs



³ The Consolidated Framework for Implementation Research: Technical Assistance for users of the CFIR framework. <https://cfirguide.org/>

⁴ Lancet Commission on Global Mental Health & Sustainable Development. <https://www.thelancet.com/commissions/global-mental-health>

THE INTERVENTION

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*⁴ supporting this intervention approach as one likely to maximise access to appropriate and affordable mental health services provision. The strong multi-country engagement in work to support implementation of this intervention indicates broad support for this approach.

However, the preceding analysis shows that there are two major constraints on progress in evidence regarding this intervention approach.

- The first, in a limited number of contexts, is a **remaining commitment to continue strengthening of tertiary level services**, such as specialised psychiatric hospitals or long-stay residential facilities for people with severe mental disorders. This view competes for resources and political commitment in contesting the relative advantage of the UHC and primary care focus of the Special Initiative.
- The second constraint is a more prevalent indication of the lack of appreciation of the complexity of the **full systems-wide requirements of primary mental health care provision**. Only some interviews showed sharp awareness of the importance of secondary level provision being in place to provide both referral and supervisory systems for provision in primary care and community settings. The articulation of a comprehensive model of care – sustainable in terms of both financial and human resource provision – was generally absent in the majority of documents and interview discussions. There is a clear danger that work is seen as a ‘project’ – focused on delivery of specified activities – rather than a systems transformation initiative that requires reorientation of existing resources to support planned developments.



"I acknowledge the value in having created a group of reform-minded psychiatrists and other mental health professionals, but more time is needed for that group to become to acquire critical mass."

– WHO Regional interviewee

"The people at the country offices have been key. Without them and their persistence the Special Initiative would not have been able to progress. These people were involved in making things work."

– WHO HQ interviewee

"Your local leadership is so important, because if you don't have that, you don't move anywhere, no matter how smart you are."

– WHO HQ interviewee

"A key factor behind achievements is a continuous review of activities and modification and adjustment of plans and budgets to match the specific context and budget timelines."

– WHO Regional interviewee

"We need to find champions to document and advocate for the benefits of the Special Initiative."

– WHO HQ interviewee

THE SETTING (INTERNAL)

The internal (or 'inner') setting for the Special initiative for Mental Health is best understood as the partnership between the Ministry of Health and the WHO in each of the implementing countries.

It is significant that both key facilitators ('senior country-level buy-in to initiative') and barriers (such as 'turnover in senior staff at MoH') are linked to the functioning of this domain. Despite differences in the nature and extent of this partnership across settings, in each of the nine implementation settings the core relevance of the *culture* of partnership between WHO and Ministry of Health was recognised. In Ukraine, this relationship was seen as the fulcrum of progress in the face of significant challenges. For Special Initiative countries where progress has been slower than anticipated, there were typically challenges noted in the WHO-MoH relationship.

Structures of governance for mental health provision are often complex, which can lead to fragmented decision-making (e.g., in Jordan where tertiary and secondary services are managed by a separate directorate from primary health care). A number of interviewees noted the importance of singular and explicit government leadership and accountability in driving systems change. Nonetheless, WHO staff (in-country or at HQ) were sometimes acknowledged (implicitly or explicitly) as the principal drivers of the initiative, rather than providing technical (and political) support to MoH personnel in this role.

Interviews regularly reinforced the political nature of the Initiative in terms of influencing government priorities and resource allocation. However, technical engagement from WHO personnel – especially when episodic and generally remote as is the case of regional or HQ staff – was often not well suited to support such political processes. Noting the highlighting of 'ambivalent political commitment' in the previous section, clearer understanding of the factors influencing prioritisation and resourcing of stated government policy objectives will be of clear benefit.

THE SETTING (EXTERNAL)

The importance of the WHO-MoH partnerships providing the internal setting for the Initiative in each country is reinforced when recognising the complexity of the external environment (which the CFIR refers to as the 'outer setting') for implementation. This external environment varies widely across the nine implementing countries, but all saw **major impacts of the COVID-19 pandemic**. Although this brought greater awareness of mental health needs, as noted, it severely constrained implementation resulting in delays and re-negotiated timelines.

Another shared feature across implementing countries was recognition that the CFIR factor of *service user needs and resources* – **the treatment gap for those presenting with mental health problems – is a powerful motivator for change**. There is less evidence of CFIR factors such as *peer pressure and external policy and incentives* shaping implementation, although the example of parliamentarians and service user lobbyists advocating for full implementation of the Mental Health Act in the Philippines demonstrates the potential power of these influences.

Clearly, there is some prestige in being a WHO Special Initiative for Mental Health implementing country. However, the potential consequences of falling behind planned coverage objectives and timelines were not frequently discussed. Consideration may be usefully given to sharing progress indicators in an open and transparent manner across settings to foster accountability. Additionally, some form of performance contingent funding may serve to create stronger incentives for prioritising the implementation of planned work.

More generally, **cultivating common interests amongst key actors within the external implementing environment** (notably psychiatric associations and community-based partners) will likely be crucial to longer-term success. There is wide recognition of the breadth of stakeholder engagement in Special Initiative planning exercises (see the following section on The Process) but this needs to be sustained – and incentivised – throughout the planned implementation period (and, potentially, beyond) to support full transformation of services.

INDIVIDUALS

The role of individuals facilitating implementation is a domain in the CFIR framework and richly evidenced in the current review. **‘Quality of key personnel’ was amongst the most frequently articulated factors accounting for effective progress.** This was regularly highlighted for the partnership of MoH and WHO personnel at the country level, with knowledge and beliefs about the intervention and self-efficacy frequently noted as personal attributes relevant for effective leadership.

THE PROCESS

As noted previously, a frequently cited success factor for the Special Initiative for Mental Health was the multi-stakeholder participatory engagement process. In part, this clearly reflects the preparatory work that most countries have focused on thus far. **The participatory nature of these planning and preparatory phases is a major asset for the Initiative** and needs to be recognised, representing the important CFIR factors of *planning* and *engaging*.

Crucial in the coming period will be identifying *champions* for change, such as Ukraine’s engagement with the First Lady’s Initiative. The constructs of *executing and reflecting and evaluating* are also important, particularly given the concern regarding capacity to translate from policy and planning to programme implementation. Most countries are entering this execution phase now. With the majority of logframe indicators related to inputs and processes, **it will be important to track output and outcome indicators in each setting to allow for accountability and ‘course correction’ within the funding period.** Tracking data across countries (i.e., Special Initiative for Mental Health Cross-Country Indicators related to access, coverage and human rights) will also be key. This resonates with the need for accountability about progress, also flagged in the section about the external setting above.

“The national strategy for mental health really sets what are we going to do in the next years and tells us what metrics should be measured for us to say that we actually achieved something.”

– MoH interviewee

"Governments may initially say yes, but then as soon as something happens they focus on the other thing. When other priorities came along things don't move forward."

– Donor interviewee

"I request WHO and donors to carry on this initiative, which will help to build capacity for more districts because the government is just not ready yet to lead this initiative and roll it out across the country."

– MoH interviewee

"It's important to sustain the support of focal points at country levels by HQ, but I also think there is a need for additional involvement at the regional level."

– WHO Regional Interviewee

"Upcoming elections provide the potential for distraction and change."

– WHO Country Office interviewee

"We need systems of care that plugs mental health providers into the rest of the health and social services system, which gives them a respected position, supervision and support. Unless these people can be part of a system – where they feel valued, where they want to stay, where they want to provide quality services - then I think that we have a problem."

– Donor interviewee

"They're doing a huge amount of training – online and in-person - but unless they get the community mental health system developed in the areas where these people are being trained, it will just fizzle out."

– WHO HQ interviewee

5

FUTURE ACTIONS

Preceding sections have indicated a number of issues that may be the focus of future actions. However, viewing the presented challenges in 'whole system' terms (rather than a list of separate issues) is important to support the mental health systems strengthening approach that is at the heart of WHO's Special Initiative for Mental Health. This is also important where – as noted in **Figure 3.2** – different stakeholders may attribute problems or delays to different factors. Analysis suggests three key areas for strategic engagement:

- a) increase political prioritisation and funding for systems-level transformation of mental health services;
- b) articulate a sustainable, transformed model of care; and
- c) promote a shared approach to feasible, appropriate and contextualised measures of change.

INCREASE POLITICAL PRIORITISATION AND FUNDING FOR SYSTEMS-LEVEL TRANSFORMATION OF MENTAL HEALTH SERVICES

Whether viewed as an attribute of a successful approach (regarding senior buy-in to the initiative) or as a major challenge (regarding ambivalent political commitment) the issue of political engagement emerged as a prominent concern in documentation and interviews. This is understandable given that systems change is a political, as well as technical, task. Varying interests need to be accommodated. Budgets need to be re-aligned. Competing priorities – as recognised – need to be managed.

Given this, it was striking that engagement in political processes of national decision-making and advocacy were rarely detailed in the key informant interviews. Discussion tended to be at the level of frustration when high-level commitments were not being followed through at pace, or appreciation when individuals in key positions had demonstrated the necessary personal capacities to engage in this space. Only on occasion was the complexity of the role of senior leaders of the initiative in-country recognised with respect to the diverse interests that inevitably shape Ministry of Health and wider governmental policy.

This is perhaps most relevant in terms of the issue of sustainable funding to maintain planned service development, where **core allocation of funds from national sources will be vital.**

- There are a range of methods available for more systematic identification of barriers to change⁵ and informing efforts to address them⁶.
- Examples from country settings where momentum has been effectively established suggest that there is a key role for regional WHO staff and extended face-to-face engagement by WHO HQ personnel to support such work.
- Mobilising champions for change with high public visibility may also reinforce processes of prioritisation.
- It is crucial to anticipate opportunities for high-level advocacy to ensure conditions for sustainability (utilising investment case materials, regional meetings and other appropriate mechanisms).

⁵ From basic Force Field Analysis (<https://bit.ly/3WtaYOM>) to the more recent advance of Political Economy Analysis (PEA) for health systems (<https://bit.ly/3HsQYam>)

⁶ Including Group Model Building as a means of convening all major health systems actors to identify key points of leverage to address challenges (<http://bit.ly/3j5Z6o7>).

ARTICULATE A SUSTAINABLE, TRANSFORMED MODEL OF CARE

Although the steps necessary to drive greater access to mental health provision were consistently documented in logframes (typically ordered by building blocks), it was not always apparent that these developments in the system would be sufficient to deliver greater access. For example, while workforce issues were consistently addressed with respect to training initiatives, how training would be built upon in terms of providing supervisory and referral structures – and the functional ownership or management of these roles – was less frequently articulated.

In general, the model of care envisaged to sustain improved access was weakly operationalized. Opportunities will likely arise in subsequent years to specify more clearly the dependencies of human resources, governance, service delivery and operational procedures required to meet targeted goals. As things stand, however, there appear to be risks associated with assumptions that staff trained will be retained and motivated and that secondary level providers will reliably supervise and receive referrals (where appropriate) from primary-level providers. **While the Initiative clearly and appropriately focuses attention on primary level provision, the manner in which secondary services support and facilitate this is less frequently addressed.**

- Mapping the health-seeking journeys (i.e. care pathways) of people who seek mental health care may be a useful step towards identifying weaknesses in the remodelled mental health system in participating countries, and contribute towards identifying changes within the health system to address them.
- Clear specification of supervision mechanisms and referral and support pathways is warranted in all contexts, with explicit appraisal of risks associated with these not being reliably provided.
- The governance arrangements required to sustain transformed services (in terms of funding, accountability, employment, conditions of service etc.) also need to be clearly articulated across all settings).

PROMOTE A SHARED APPROACH TO FEASIBLE, APPROPRIATE AND CONTEXTUALISED MEASURES OF CHANGE

Although not generally prioritised as an area of challenge, many interviewees noted the importance of strengthening monitoring and evaluation such that progress toward targeted outcomes and impacts can be clearly mapped (and 'course corrections' put in place where problems are identified). It is crucial that indicators and their supporting data sources are feasible in the contexts where work is going forward, and that they produce information in a sufficiently timely manner to inform action.

Output indicators (such as training completed, or staff recruited) may be useful in the earlier phases of implementation, but need to be complemented by measures indicating progress at a higher level, including outcome-level indicators and the identified cross-country indicators for the global Initiative (i.e., access, coverage and human rights). Such indicators are often articulated within logframes, but at this stage there is no strong flow of information about progress against these higher-level indicators.

- Work would usefully focus on consolidating indicators across logframes (alongside common means of verification) to a manageable and shared set of measures suitable for informing progress.
- For the purposes of accountability, effectiveness and validity need to be established for measures informing the critical Special Initiative cross-country indicators of access, coverage and human rights in all settings.
- While acknowledging the importance of contextualisation and local agendas, there is significant value in the shared ownership of this core set of indicators. Joint commitment amongst implementing countries to share such data on a regular basis will then serve to highlight strategies more or less successful in driving impact.
- Collation and presentation of this data will usefully serve to inform global strategies for mental health systems transformation in other settings.

BUILDING ON REVIEW LEARNINGS

This review has documented key areas of engagement of the Special Initiative for Mental Health with implementing partners, and identified key achievements in this work to date. The role of the Special Initiative in putting mental health on national agendas - along with the participatory and inclusive process of planning established to advance the work – are widely appreciated. There are indications of the beginnings of the transformational shifts in mental health provision envisaged in the 2022 World Mental Health Report across implementing countries. There are, however, also numerous challenges identified which may serve to constrain progress of the Special Initiative. Viewing these challenges in systems terms, the most effective areas to focus future action are identified in relation to the three strategic objectives considered above.

"We need to consolidate our learnings in order that we can promote this sort of work elsewhere"

– WHO HQ interviewee

"Even though we have a national system for reporting generally as a country, our mental health indices haven't really been leveraged in that data set."

– MoH interviewee

"From a monitoring and evaluation perspective, we could really do with streamlining things across the entire initiative to make it easier and more explicit for countries to know exactly what it is they should be doing to gather data within, obviously, the limitations of what's available within their context."

– WHO Regional Interviewee

ANNEX: METHODOLOGY

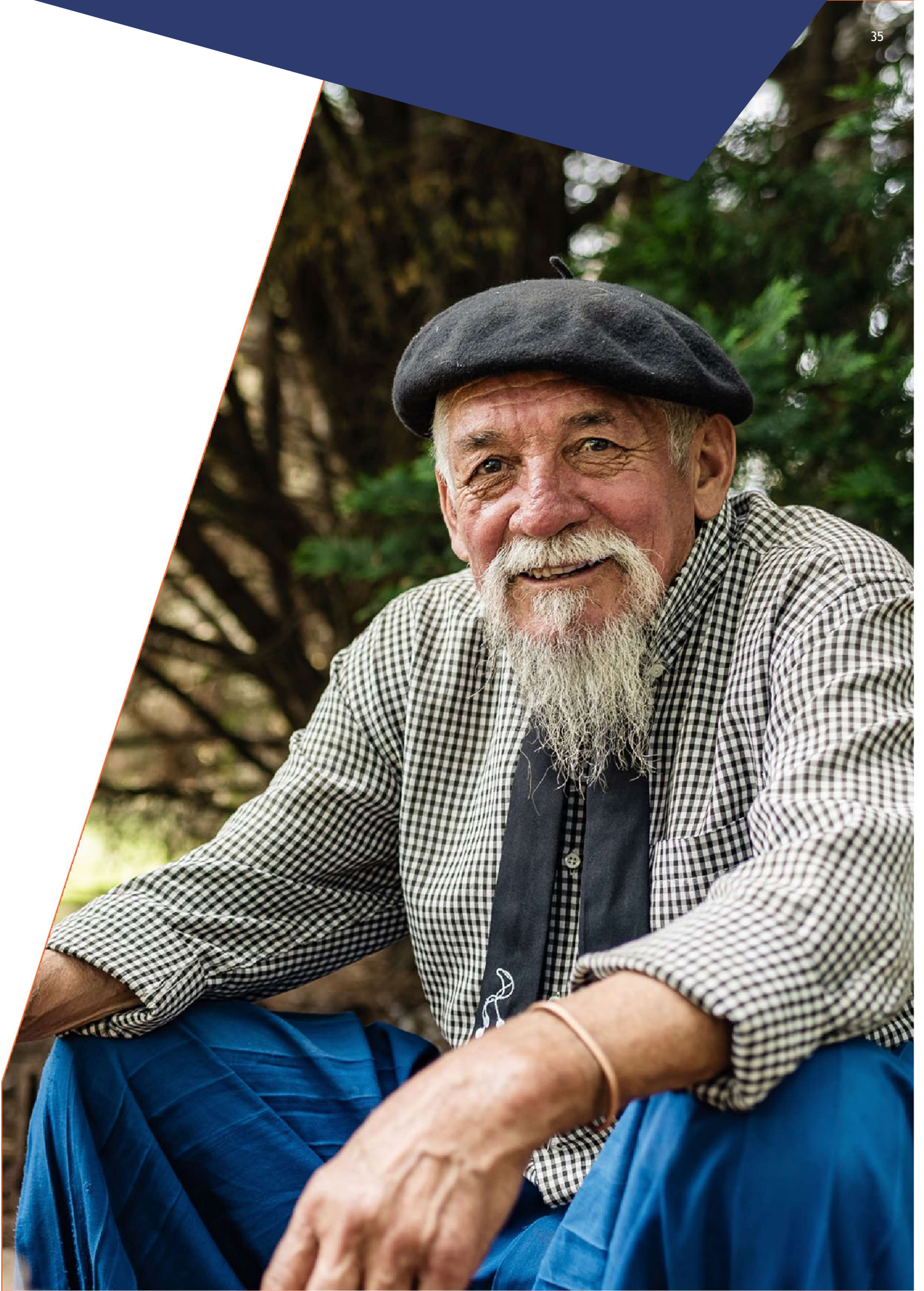
Data sources for this review included 158 documents provided by WHO relating to the Special Initiative activities in each of the 9 participating countries, and 42 interviews with a diverse range of stakeholders involved in the Initiative. Interviewers with relevant language fluency - which spanned English, Spanish, Arabic, Ukrainian, Bengali and Hindi - took responsibility for review of documentation related to a particular country and then led interviews in that country. In each country, a Ministry of Health and WHO country office interviewee plus a non-governmental stakeholder (service user, service provider or research organisation representative selected on a quota basis) were interviewed. The remaining 15 interviews were completed with WHO regional and HQ staff and representatives of Special Initiative for Mental Health donors.

All interviews were conducted virtually and framed with respect to a common set of probe questions. Invitations to interview were sent by email together with documentation assuring confidentiality and the right to decline or withdraw from interview at any stage. Acceptance of this invitation was considered consent for participation. To facilitate notetaking, permission was sought from interviewees to record interviews (with recordings destroyed after anonymised notes were completed). Procedures were reviewed and approved by the research ethics review panel of Queen Margaret University.

Key information from documents was collated using an extraction matrix. Documents comprised baseline assessments, planning documents, correspondence and progress reports. A coding frame for document analysis was developed based on the structure of the WHO health system building blocks. An audit of 10% of coded documents established acceptable reliability of this coding frame. For interviews, the review team evolved a thematic coding structure in an iterative manner through interview review and discussion. One in five interviews was dual coded by independent reviewers using this coding structure, which established acceptable reliability of this coding frame.

With the limited number of interviews, country-by-country analysis would not be valid and is not presented. Where relevant, however, findings are disaggregated by country-level interviews (n=27) compared with those with WHO Regional and HQ personnel and donors (n=15).





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WHO Special Initiative for Mental Health: Mid-Term Learnings
Final Report

Department of Mental Health and Substance Use,
World Health Organization: Geneva.



**World Health
Organization**