

Promoting mental health preparedness and response for public health emergencies

Draft decision proposed by Argentina, Bangladesh, Bhutan, Brazil, Canada, Guyana, Indonesia, Maldives, Myanmar, Norway, Peru, Qatar, Switzerland, Thailand, United States of America and the Member States of the European Union

(PP1) The Executive Board, having considered the report on mental health preparedness and response for the COVID-19 pandemic;¹

(PP2) Recalling that the Constitution of WHO defines health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, and declares that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being, without distinction of race, religion, political belief, economic or social condition;

(PP3) Recalling also that public health emergencies may be a significant risk factor for mental health problems;

(PP4) Recognizing that the COVID-19 pandemic has major direct and indirect ramifications on the mental and psychosocial health of all people, in particular health and care workers, frontline workers, those in vulnerable situations who have been disproportionately affected by the COVID-19 pandemic as well as those with pre-existing mental health conditions;

(PP5) Taking note of the actions recommended by the United Nations in *Policy brief: COVID-19 and the need for action on mental health*,² *United Nations comprehensive response to COVID-19: saving*

¹ Document EB148/20.

² Policy brief: COVID-19 and the need for action on mental health. 13 May 2020. (<https://unsdg.un.org/resources/policy-brief-covid-19-and-need-action-mental-health>, accessed 16 January 2021).

lives, protecting societies, recovering better,¹ *UN framework for the immediate socio-economic response to COVID-19*,² as well as the associated *UN research roadmap for COVID-19 recovery*;³

(PP6) Noting the WHO survey on impacts of COVID-19 on mental, neurological and substance use services, in which 93% of the 130 countries participating in the survey reported disruptions in one or more services for mental, neurological and substance use disorders, while the demand for mental health services is increasing, decided:

(OP1) to recommend that the Seventy-fourth World Health Assembly 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, including through 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;

(OP2) to urge Member States:⁴

(a) to develop and strengthen as appropriate, as part of a broader whole-of-society approach, the timely and quality provision of the whole range of comprehensive and integrated mental health services and psychosocial supports which, as stated in the Political Declaration of the high-level meeting on universal health coverage (2019),⁵ are essential components to achieving universal health coverage, including promotion of mental health 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 frontline workers, and with extra effort to reach people at high risk and those in vulnerable situations, leveraging innovative technologies, including remote mental health services through 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 considering the lasting impacts of the pandemic;

(b) to allocate adequate funding for mental health, to take action to mainstream 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;

¹ United Nations comprehensive response to COVID-19: saving lives, protecting societies, recovering better. September 2020. (<https://www.un.org/sites/un2.un.org/files/un-comprehensive-response-to-covid-19.pdf>, accessed 16 January 2021).

² A UN framework for the immediate socio-economic response to COVID-19. April 2020. (<https://unsdg.un.org/resources/un-framework-immediate-socio-economic-response-covid-19>, accessed 16 January 2021).

³ UN research roadmap for the COVID-19 recovery: leveraging the power of science for a more equitable, resilient and sustainable future. November 2020. (<https://www.un.org/en/pdfs/UNCOVID19ResearchRoadmap.pdf>, accessed 16 January 2021).

⁴ And, where applicable, regional economic integration organizations.

⁵ United Nations General Assembly resolution 74/2 (2019).

(OP3) to request the Director-General:

- (a) to provide technical support to Member States to monitor changes and disruptions in services, and to promote and expand access to inclusive, integrated, evidence-based primary and community mental health services and psychosocial supports, which boosts community resilience and engagement, especially in the context of public health emergencies, while sustaining and scaling up, as appropriate, the provision of existing mental health services;
- (b) to strengthen WHO's capacity in respect of work on mental health at global, regional and country levels and to systematically integrate mental health into all aspects of the work of the Secretariat on universal health coverage;
- (c) to report on the implementation of this decision as part of the progress report on the implementation of the comprehensive mental health action plan 2013–2030, in line with the reporting requirements of decision WHA72(11) (2019).

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