World Health Organization

Executive Board
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Mental health

Implementation of WHO governing bodies resolutions and decisions

Report by the Director-General

Context

1. In response to decision WHA78(11) (2025), through which the Seventy-eighth World Health Assembly requested annual reports on the implementation of the previous resolutions and decision on mental health, the Director-General submits the present report. The report covers progress on the implementation of decision WHA74(14) (2021), on the updated comprehensive mental health action plan 2013–2030, and resolution WHA77.3 (2024), on strengthening mental health and psychosocial support before, during and after armed conflicts, natural and human-caused disasters and health and other emergencies.

2. The report also covers progress in relation to brain health and substance use, including implementation of the global alcohol action plan 2022–2030;[1] the intersectoral global action plan on epilepsy and other neurological disorders 2022–2031;[1] and the global action plan on the public health response to dementia 2017–2025,[2] which has been extended to 2031.[3]

Situational analysis

3. In 2023, 15% of the world's population (1.2 billion people) experienced a mental disorder, with anxiety and depressive disorders the most common. Furthermore, an estimated 746 000 people died by suicide in 2023, and suicide was the second leading cause of death in young people aged 15–29 years. While effective prevention and treatment options exist, most people with mental disorders do not have access to effective care. People with mental health conditions also experience stigma, discrimination and violations of human rights. The WHO *Mental health atlas 2024* shows that, despite some progress, countries remain significantly off-track for meeting the

[1] Decision WHA75(11) (2022).

[2] Decision WHA70(17) (2017).

[3] Decision WHA78(23) (2025).

targets set in the WHO comprehensive mental health action plan 2013–2030, indicating the urgent, ongoing importance of transforming mental health systems worldwide.

4. An estimated 3.4 billion people were living with a neurological condition in 2021. Despite the availability of effective and scalable interventions, inadequate policy prioritization, limited awareness and resources, large treatment gaps and weak data systems continue to hinder efforts to address this leading cause of ill health and disability worldwide.

5. Globally, an estimated 2.5 billion people consumed alcohol in 2019, 400 million of whom were living with alcohol use disorders, while alcohol consumption and psychoactive drug use accounted for 2.6 million and 0.6 million deaths, respectively. A further 331 million people are estimated to have used psychoactive drugs in 2024, and 63 million to live with drug use disorders. Little progress has been made in implementing the high-impact policy interventions proven to reduce alcohol-related harm, and quality and ethical treatment for substance use disorders is still largely inaccessible for those most in need.

Work by the Secretariat

Stepping up leadership

6. WHO supported the preparatory process and organization of the fourth high-level meeting of the General Assembly on the prevention and control of noncommunicable diseases and the promotion of mental health and well-being in September 2025, leading to the adoption in December 2025 of a political declaration to combat noncommunicable diseases and mental health challenges through an integrated approach.[4] The political declaration presents a new opportunity to accelerate global progress, with a set of time-bound global targets for 2030, including 150 million more people with access to mental healthcare.

7. In preparation for the global ministerial mental health summit in Rwanda in 2027, the WHO Regional Office for Africa brought together its Member States and international partners at two intercountry workshops to accelerate progress towards the goals of its regional mental health framework. In the South-East Asia Region, the fourth edition of the international mental health workforce training programme was held to build capacity and leadership in mental health systems, while in the European Region a leadership course on mental health legislation, policy and services has had three cohorts, with 50 leaders from health ministries across 23 countries.

8. In support of an intersectoral and rights-based approach to mental health, in 2025 WHO launched new guidance on policy and strategic actions to protect and promote mental health and well-being across government sectors,[5] and relaunched its QualityRights e-training course (available in 17 languages) through the WHO Academy. In the European Region, a community of practice has been established, with representatives from 11 countries undergoing QualityRights e-training.

[4] Political declaration of the fourth high-level meeting of the General Assembly on the prevention and control of noncommunicable diseases and the promotion of mental health and well-being. New York: United Nations; 2025 (accessed 1 September 2026).

[5] Guidance on policy and strategic actions to protect and promote mental health and well-being across government sectors. Geneva: World Health Organization; 2025.

9. WHO has intensified support to Member States to strengthen dementia policy and services across three regions. In the African Region, an inaugural dementia intercountry workshop supported 10 countries to develop comprehensive national dementia road maps, with similar meetings planned for other regions. A second edition of WHO's guidelines on risk reduction of cognitive decline and dementia has been published, providing updated evidence-based recommendations for addressing modifiable risk factors.[6] WHO has also published a practical manual on meningitis diagnosis, treatment and care to support implementation of the defeating meningitis road map,[7] and an intervention manual to promote the well-being of caregivers of children with neurodevelopmental conditions.[8]

10. WHO continues to play a lead role in reducing alcohol-related harm, preventing substance use and addressing addictive behaviours. WHO has supported the development of platforms for intercountry learning, knowledge sharing and in-depth country support through its SAFER initiative to reduce alcohol-related harm and has published an implementation handbook.[9] Direct assistance was provided to Nepal, Sri Lanka and Uganda, while in the Region of the Americas, PAHO supported Member States in advancing policies and actions to prevent and reduce alcohol-related harm, including through the SAFER initiative.

11. WHO has prepared updated guidelines on opioid dependence treatment and overdose prevention and has launched its first invitation for manufacturers to submit medicines for WHO prequalification for substance use disorders. In the Eastern Mediterranean Region, the WHO flagship initiative on accelerating public health action on substance use is being implemented. Following the regional policy dialogue in early 2025, Egypt, Lebanon, Pakistan and the Syrian Arab Republic have conducted policy dialogues over the past year to review and update policies and regulatory responses to align with a balanced public health approach to substance use problems.

Promoting and protecting mental health over the life course

12. WHO, together with UNICEF, continues to advance the joint programme on mental health and psychosocial well-being and development of children and adolescents across 13 countries, supporting government-led multisectoral efforts as well as accountability. Country-level progress includes new or updated child and youth mental health strategies and plans, youth engagement platforms, locally adapted protocols and tools, workforce development, referral pathways and strengthened data systems.

13. In collaboration with UNESCO and UNICEF, WHO produced guidance for teachers and health staff to support mental health in schools, and a practical guide for caregivers to promote adolescents' mental health.[10] It also provided technical support and tools for data-informed decision-making on programming for young people's mental health and neurodevelopment. In the South-East Asia Region, WHO held a child and young people's mental health workshop in Thailand,

[6] Risk reduction of cognitive decline and dementia: WHO guidelines, second edition. Geneva: World Health Organization; 2026.

[7] WHO practical manual on meningitis diagnosis, treatment and care. Geneva: World Health Organization; 2026.

[8] Caregiver skills training for families of children with developmental delays or disabilities: caregiver well-being: facilitators' and participants' guides. Geneva: World Health Organization; 2026.

[9] Reducing alcohol-related harm: SAFER implementation handbook. Geneva: World Health Organization; 2026.

[10] Teaching with care: a practical guide for teachers to support mental health and well-being in schools. Paris: United Nations Educational, Scientific and Cultural Organization; 2026.

while the WHO Regional Office for Europe is disseminating quality-of-care standards for the mental health of children and adolescents across its Member States through bilateral and subregional capacity-building initiatives.

14. WHO's LIVE LIFE initiative for suicide prevention continued to be implemented across regions and in a range of countries. For example, the Western Pacific Region continues to strengthen suicide prevention through improved policies, surveillance and multisectoral action. In Cambodia, for example, more than 200 participants met to conduct a situation analysis and develop an action plan for suicide prevention. In the Region of the Americas, PAHO's regional suicide prevention initiative is expanding mental healthcare in primary healthcare; more than 2400 primary healthcare professionals completed a course on the identification, management and referral of people at risk of suicide and self-harm.

Supporting service development and delivery

15. On World Mental Health Day 2026, WHO launched a practical guide addressing a critical gap in operational guidance on how to implement deinstitutionalization.[11] Developed using global evidence and consultation, including with people with lived experience, it supports psychiatric hospital leaders and decision-makers to reduce admissions and long stays, strengthen rights-based care, and increase supported discharges, continuity of care and social inclusion.

16. WHO is strengthening its engagement with people with lived experience of mental health conditions by systematically including their voices at the centre of normative, policy and service development work in mental health. Through the 2026 World Mental Health Day theme, "Lived experiences heard: real voices, real change," WHO is promoting meaningful participation by those most directly affected. In the European Region, a road map for integration of lived experience into mental health policies and services was developed and co-created by people with lived experience.

17. WHO's low-intensity psychological interventions continue to move from limited pilots to national delivery. Step-by-Step, WHO's digital self-help intervention for depression, is available nationwide in Lebanon and Thailand. In Ukraine, multiple WHO psychological interventions are being used at scale. In Brazil and Sri Lanka, WHO has been supporting the integration of WHO's caregiver-mediated intervention for neurodevelopmental conditions within national public health services.

18. The WHO Special Initiative for Mental Health is integrating services into primary and secondary care across 10 countries. Since 2020, it has trained 80 000 providers and expanded community-based care to increase access for over 90 million more people, including 2.2 million receiving mental health treatment for the first time.

19. WHO is supporting 10 countries in the African Region and elsewhere to strengthen national responses to neurological disorders, including access to neurological medicines. To complement country-level support, WHO has convened subregional workshops in southern and eastern Africa and central Europe to promote intercountry learning, share implementation experiences, and accelerate progress towards the targets of the intersectoral global action plan on epilepsy and other neurological disorders 2022–2031.

[11] Supporting the transition to community-based mental health and social care: practical guide to the deinstitutionalization of psychiatric hospitals. Geneva: World Health Organization; 2026.

Integrating mental health into emergency preparedness and response

20. Progress in integrating mental health and psychosocial support (MHPSS) into emergency preparedness and response and recovery continued, with 48% of countries reporting integration into response plans, up from 28% in 2019. WHO's "Build Better Before" workshop and full-scale simulation were held in Ethiopia (December 2025) and Thailand (June 2026), bringing together 152 participants from 41 countries and 87 agencies across all WHO regions. WHO advanced the interagency MHPSS minimum service package worldwide, rolling out orientations across every Grade 3 emergency and field-testing the assessment toolkit in 19 countries.

21. WHO, UNICEF and the United Nations Department of Peace Operations published joint operational guidance on integrating MHPSS into disarmament, demobilization and reintegration,[12] strengthening links with recovery and peacebuilding. MHPSS was integrated across WHO incident management support teams, including Ebola virus responses. Since November 2025 and with technical support provided by WHO, the interagency MHPSS surge mechanism has initiated 14 deployments, nine of which have supported public health emergency responses, including four in the Democratic Republic of the Congo. With 37 partners, WHO also supported localized MHPSS coordination in Ukraine; recovery efforts in the Syrian Arab Republic; and coordinated response in the occupied Palestinian territory, including east Jerusalem.

22. Since early 2026, 16 out of the 22 countries and territories across the Eastern Mediterranean Region have been experiencing humanitarian emergencies; WHO is supporting countries and territories in scaling up MHPSS services in a coordinated manner during hostilities. In the South-East Asia Region, country support is prioritizing MHPSS in Myanmar and Nepal, while the Regional Office for the Western Pacific is supporting Member States to integrate climate-informed mental health approaches into preparedness, response and recovery, in response to the high exposure to climate-related hazards and disasters.

Action by the Executive Board

23. The Board is invited to note the report and to provide guidance to the Secretariat on the following questions.

- How can the Secretariat best support Member States to strengthen public mental health surveillance and measurement of service coverage for mental health, brain health and substance use?

- How can the Secretariat best support Member State endeavours to promote mental health and brain health, prevent suicide, reduce substance use and advance care for related conditions?

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[12] Disarmament, demobilization and reintegration and mental health and psychosocial support: operational guidance. Geneva: World Health Organization; 2026.