MENTAL HEALTH AND UNIVERSAL HEALTH COVERAGE:
From commitments to action

Global Mental Health Action Network

UNIVERSAL HEALTH COVERAGE DAY

Mental Health for all

OVERVIEW

The High-Level Meeting on Universal Health Coverage (HLM UHC) took place during the 78th UN General Assembly (UNGA) in September 2023. It was an important meeting for the global health sector, as heads of state and health leaders gathered to discuss progress and commitments toward achieving UHC for all by 2030.

Mental health emerged as a strong cross-cutting theme in the meeting's approved political declaration issued by the UNGA president. Civil society organisations working at the national level need to ensure these commitments are translated into action, and mental health is integrated into UHC reforms. That would represent meaningful progress in time for the next HLM UHC in 2027 and towards achieving the Sustainable Development Goals (SDGs) by 2030.

This report has been developed with that aim in mind. It will touch on basic concepts such as what UHC is, what the integration of mental health into UHC looks like and why it is important to integrate mental health into UHC. And it sets out the specific affirmations, recognitions and commitments governments made on mental health at the UN high-level meeting on UHC 2023.

Governments have acknowledged the importance of mental health as part of delivering the right to health, and have recognised their failure to sufficiently address it. They have committed to achieving UHC and including mental health as an integral part of doing so.
This commitment includes:

- **Incorporating mental health into health emergency preparedness and response.**
- **Reducing the shortage of health workers and building their capacity.**
- **Catering to people's mental health needs across a range of health and social issues.**

Civil society organisations must now hold them accountable for meeting these commitments and ensuring they are implemented at the national level.

WHAT IS UHC?

The concept of UHC originated in the World Health Organisation (WHO) constitution of 1948. It is based on the idea that everyone, everywhere should be able to access the health services they need without suffering financial hardship. The constitution defines health as "a state of complete physical, mental and social well-being, and not merely the absence of disease and infirmity." It includes the full spectrum of essential, good-quality health services, from health promotion to prevention, treatment, rehabilitation and palliative care.

"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."
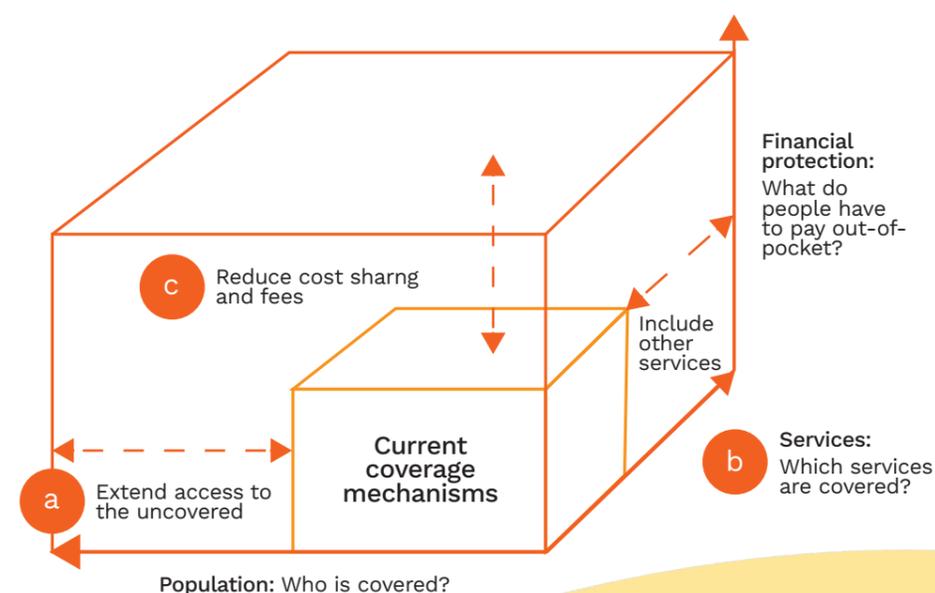
– The Constitution of the World Health Organisation

THE UHC CUBE

UHC can be thought of as working along three dimensions – sometimes referred to as the 'UHC cube':

1. The range of effective and high-quality services covered
2. The financial accessibility of these services (i.e. financial protection of service users)
3. The proportion of the population that have access to these affordable services.

Diagram taken from the WHO World Health Report 2010

Financial protection: What do people have to pay out-of-pocket?

c — Reduce cost sharng and fees

Include other services

Current coverage mechanisms

b — Services: Which services are covered?

a — Extend access to the uncovered

Population: Who is covered?

UHC aims to fulfil all these dimensions so everyone can "obtain the services they need at a cost that is affordable to themselves and to the nation as a whole". As such, UHC is a critical instrument for making the right to the best attainable health care a reality for everyone – it is "the right to health in action".

UHC AND MENTAL HEALTH

There is an increasing acknowledgement of the importance of integrating mental health care into UHC.

But today we are faced with a coverage gap of care and services for common mental health conditions, such as depression and anxiety, of up to 90% in some low-income countries. Even where services are available, they are not necessarily rights-based or cost-effective.

"The world is accepting the concept of universal health coverage. Mental health must be an integral part of UHC. Nobody should be denied access to mental health care because she or he is poor or lives in a remote place."

- Dr Tedros Adhanom Ghebreyesus, Director-General of the WHO (2019)

THE CASE FOR INTEGRATING MENTAL HEALTH INTO UHC

A human rights argument: The right to health means every human being, without distinction of any kind, has the right to equitable access to the highest attainable standard of physical and mental health. Without including mental health, UHC cannot put the right to health into practice.

A health argument: There is a staggering and growing need to address our global mental health crisis. Moreover, mental health and physical health are closely interlinked – improving mental health leads to improved physical health. For example, global HIV and TB infections can be reduced by up to 17% and 20%, respectively if mental health is integrated into HIV and TB programmes. To achieve true universal health coverage and save and improve countless lives, mental health must be included in UHC – there is no health without mental health.

An economic argument: Every $1 invested in interventions to address common mental health conditions is estimated to generate $5 in health benefits and productivity gains. Integrating mental health in UHC is highly cost-effective, and can make health spending more efficient: it can reduce expenditure in other parts of the health sector by improving prevention and treatment compliance for physical health conditions.

THE COMMITMENTS MADE AT THE HLM UHC

The text of the political declaration of the UN HLM UHC 2023 is essentially divided into two parts: the affirmations/recognitions and commitments. The former are meant to set the context and reasoning behind the political declaration. They can serve as good entry points for engaging with member states on issues they have publicly deemed to be important.

The affirmations and recognitions are followed by commitments, which are actionable in nature. While UN political declarations are generally not legally binding, they represent the dynamic development of international legal norms and reflect the commitment of states to move in certain directions, abiding by certain principles. Therefore, civil society has good reason to encourage their governments to implement these commitments at national level and support them in doing so.

RELEVANT RE-AFFIRMATIONS AND RECOGNITIONS IN THE TEXT

The Right to Health

While it is standard practice for governments to recognise that the right to health includes both physical and mental health, there is still a vast disparity in the priority and resources given to the two. It is still important that the right to health specifically references mental health, so mental health is seen as a disease type as well as a cross-cutting issue that underpins health for all and requires parity with physical health.

Recognition of the right to health in the Political Declaration of the UN HLM UHC 2023	1. Reaffirm the right of every human being, without distinction of any kind, to the enjoyment of the highest attainable standard of physical and mental health

Failure to sufficiently address mental health

Governments have also recognised that they have not been able to do enough to support the mental health needs of their populations. And they have acknowledged that COVID-19 has exacerbated mental ill-health, emphasising the need for it to be addressed. The pandemic – and the need to include mental health in preparing for and responding to future pandemics and other public health emergencies – is therefore an excellent entry point for discussions with policy makers on mental health.

Recognition of failure to sufficiently address mental health in the Political Declaration of the UN HLM UHC 2023	19. Acknowledge that despite major health gains over the past decades, there has not been enough progress in implementing measures to address the health needs of all, in part due to the disruption of essential health services during the coronavirus disease (COVID-19) pandemic, noting that:
	• b) More than 1 billion people live with a mental health disorder and those with severe mental health conditions die on average 10 to 20 years earlier than the general population, with suicide accounting for more than 1 in 100 deaths annually, numbering approximately 703,000 deaths annually

Young people's mental health

The mental health of young people, particularly children and adolescents, has been specifically recognised in the political declaration. Their mental health has gained increased attention and priority for most national-level policy-makers. Young people are therefore important stakeholders and key advocates to ensure mental health for all.

Recognition of the importance of mental health of young people in the Political Declaration of the UN HLM UHC 2023	21. Express concern that over 1.5 million people aged 10–24 years died in 2021, with the leading causes of death from injuries, including road traffic injuries, drowning, interpersonal violence, self-harm, and maternal conditions such as complications from pregnancy and childbirth, and recognize that comprehensive action to ensure their physical, mental and social well-being is needed

Mental health as a cross-cutting issue

Mental health cannot and must not be seen as an isolated issue. When advocating with governments, it is essential to remind them that it is not enough to have stand-alone mental health programmes and interventions. Instead they must integrate mental health across health and social interventions at all levels. In several places, the declaration recognises the cross-cutting nature of mental health and its interrelations and comorbidities with various physical health and social issues. This recognition can form a strong basis for advocacy with national governments.

The increasing importance of primary health care

Primary healthcare (PHC) is the foundation of UHC and increasingly this is being acknowledged. The WHO – through its Comprehensive Mental Health Action Plan (2013-2030), the World Mental Health Report 2022 and other key policy positions – has reinforced the message that mental health care needs to be deinstitutionalized and embedded in primary and community health care interventions. It is essential that as national plans for primary health care are put in place, national advocates ensure that mental health is visible throughout them.

| **Recognition of the importance of mental health as a holistic issue impacting and impacted by other social and physical health issues in the Political Declaration of the UN HLM UHC 2023** | 13. Recognize the interrelatedness between poverty and other social and economic determinants of health and the realization of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, without financial hardship, and, in particular, the fact that ill health can be both a cause and a consequence of poverty

17. Recognize the importance of the prevention, treatment and control of non-communicable diseases and the promotion of mental health and well-being in contributing to a better quality of life, and the importance of addressing risk factors through promoting healthy diets and lifestyles, including regular physical activity, to prevent and reduce overweight and obesity. |

| **Affirmation of the importance of primary health care by UN member states in the Political Declaration of the UN HLM UHC 2023** | 30. Recognize the fundamental role of primary health care in achieving universal health coverage and other Sustainable Development Goals and targets, as was declared in the Declaration of Alma-Ata and the Declaration of Astana, and further recognize that primary health care, including community-based primary health care, brings people into first contact with the health system and is the most inclusive, effective and efficient approach to enhance people's physical and mental health, as well as social well-being, noting that primary health care and health services should be high-quality, safe, comprehensive, integrated, accessible, available and affordable for everyone and everywhere, including those who live in remote geographical regions or in areas difficult to access, noting the work of the World Health Organization on the operational framework for primary health care |

The role of the health workforce

A skilled health workforce is essential for mental health, given the shortage of trained mental health workers at all levels, particularly the primary and community level. While member states recognise the importance of the mental health of the health workforce, particularly in light of the COVID-19 pandemic, we must go one step further as national advocates and make the case for the entire health workforce to be up-skilled with mental health training.

Affirmation of the importance of the health workforce in the Political Declaration of the UN HLM UHC 2023

39. Recognize the need to invest in training, developing, recruiting and retaining a skilled health workforce, as fundamental to strong and resilient health systems, while stressing the need to improve working conditions and management of A/RES/78/4 political declaration of the high-level meeting on universal health coverage 8/18 23-20107 the health workforce to ensure the safety of health workers, inter alia from all forms of violence, including sexual and gender-based violence, and harassment in the workplace and the lack of adequate infection controls and protections, as well as stress, burnout and other impacts on mental health

RELEVANT COMMITMENTS IN THE TEXT AND COMPLEMENTARY WHO RESOURCES

Commitment to achieving UHC and including mental health

We already know that national governments have committed to achieving UHC by 2030 – importantly, as specifically stated in the text, this includes addressing the mental health needs of all. This is strong language and must be emphasised while advocating to governments for the integration of mental health in the development or updating of UHC policies and plans, and in the inclusion of mental health in UHC-related interventions.

Commitments to achieve mental health for all in the Political Declaration of the Political Declaration of the UN HLM UHC 2023	48. Ensure that no one is left behind, with an endeavour to reach the furthest behind first, and address the physical and mental health needs of all, while respecting and promoting human rights and the dignity of the person and the principles of equality and non-discrimination, as well as empowering those who are vulnerable or in vulnerable situations, including women, children, youth, persons with disabilities, people living with HIV/AIDS, older persons, people of African descent, Indigenous Peoples, refugees, internally displaced persons and migrants, and those living in poverty and extreme poverty in both urban and rural areas, people living in slums, informal settlements or inadequate housing;

Commitments to achieve mental health for all in the Political Declaration of the UN HLM UHC 2023	59. Scale up measures to promote and improve mental health and well-being as an essential component of universal health coverage, including by addressing the determinants that influence mental health, brain health, neurological conditions, substance abuse and suicide, and by developing comprehensive and integrated services to promote mental health and well-being, while fully respecting human rights, noting that these conditions are an important cause of morbidity and have comorbidities with communicable (e.g., HIV/AIDS, TB) and other non-communicable diseases and contribute to the global burden of disease Commitments to achieve mental health for all in the UN political declaration on UHC

Helpful WHO resources on the subject:

- WHO Comprehensive Mental Health Action Plan (2013-2030)
- WHO Mental Health Gap Action Programme (mhGAP)
- WHO Draft Menu of Cost-effective Interventions for Mental Health
- WHO Quality Rights
- WHO Mental Health Policy and Service Guidance Package
- WHO UHC Compendium
- WHO World Mental Health Report (2022)

Commitments to address the comorbidity between mental health and other health and social issues

Governments have committed to address mental health as part of approaches to address a variety of other health and social issues, including non-communicable diseases, HIV/AIDS, TB, poverty, migrants and refugees. This is leverage advocates can use to ask for mental health to be specifically integrated into these interventions. It is also an opportunity for mental health organisations to work collaboratively with the wider health and social sector to sensitise them to the importance of mental health in their work and for its integration into their service-delivery efforts. It also emphasises why stand-alone mental health legislation and policy is insufficient, so advocates can use these commitments to ask for mental health to be reflected in legislation and policies across-sectors, using a whole-of-government approach. In turn, this means a move away from the institutionalisation of mental health care and the embedding of mental health into primary and community-based care.

Commitments recognising the comorbidities between physical and mental health in the Political Declaration of the UN HLM UHC 2023

55. Strengthen efforts to address the specific physical and mental health needs of all people as part of universal health coverage, building on commitments made in 2019, by advancing comprehensive approaches and integrated service delivery and striving to ensure that challenges are addressed and the achievements are sustained and expanded, including for:
(a) HIV/AIDS, sexually transmitted infections, tuberculosis, malaria, polio, hepatitis, neglected tropical diseases including dengue, cholera, and other emerging and re-emerging infectious diseases;
(b) Non-communicable diseases, including cardiovascular diseases, cancer, chronic respiratory diseases, diabetes, mental health conditions and psychosocial disabilities, and neurological conditions, including dementia;
(c) Eye health conditions, hearing loss, musculoskeletal conditions, oral health, and rare diseases;
(d) Injuries and deaths, including those related to road traffic accidents and drowning, through preventive measures and strengthening an integrated emergency, critical and operative care system;

Art 58. Scale up efforts in primary and specialised health services for the prevention, screening, treatment and control of non-communicable diseases and promotion of mental health and well-being throughout the life course, including access to safe, effective, quality and affordable essential medicines, vaccines, diagnostics and health technologies, and palliative care, and understandable, high-quality, accessible and patient-friendly information on their use as part of the health promotion policies;

Commitments recognising the comorbidities between physical and mental health in the Political Declaration of the UN HLM UHC 2023

65. Address the particular needs and vulnerabilities of migrants, refugees and internally displaced persons, which may include assistance, health care and psychological and other counselling services, in accordance with relevant international commitments, as applicable, and in line with national contexts and priorities;

Art 66. Address the physical and mental health needs of Indigenous Peoples, with full consideration to their social, cultural and geographic realities, providing access, without discrimination, to nationally determined sets of the needed promotive, preventive, curative, rehabilitative and palliative essential health services and strengthening access to immunisation for Indigenous Peoples

Helpful WHO (and other) resources on the subject:

- WHO Comprehensive Mental Health Action Plan (2013-2030)
- WHO Draft Menu of Cost-effective Interventions for Mental Health
- WHO EMRO NCDs and Mental Health Guidance
- Mental Health among Displaced People and Refugees: Making the Case for Action under Humanitarian Response and Development Programmes (WB)
- WHO Mental Health Policy and Service Guidance Package
- WHO UHC Compendium
- WHO World Mental Health Report (2022)
- WHO Mental Health Atlas 2020

Commitments on improving the capacity of the health workforce

The declaration's text acknowledges a shortage of health workers and a desire to address this. It also acknowledges that the mental health of the health workforce needs to be safeguarded, and the recruitment and retention of mental health professionals is a priority. While it does not specifically state that the capacity of the existing health workforce to address mental health issues needs to be strengthened, it does call for the strengthening of the health workforce. This read in conjunction with commitments to address the mental health of all, including of people with physical health conditions, and with the right-to-health definition, which expressly includes mental health, allows for national advocates to argue that strengthening the health workforce includes building their capacity to detect and then treat or refer mental health issues.

Commitments to strengthen the health workforce in the Political Declaration of the UN HLM UHC 2023	91. Accelerate action to address the global shortfall of health workers and encourage the development of nationally costed health workforce plans in accordance with the Global Strategy on Human Resources for Health: Workforce 2030 by investing in education, employment and retention, strengthening the institutional capacity for health workforce governance, leadership, data and planning, addressing causes of health worker migration as well as departure from the health workforce and protecting and supporting all health workers from all forms of discrimination, harassment, violence and attacks, and to promote a decent and safe working environment and conditions at all times as well as ensure their physical and mental health; Art 92. Continue to scale up efforts and strengthen cooperation to promote the training, development, recruitment and retention of a competent, skilled and motivated health workforce, including community health workers and mental health professionals, guided by target 3.c of the 2030 Agenda as well as develop, improve and make available evidence-based training that is sensitive to different cultures and the specific health needs of women, children, older persons, Indigenous Peoples, people of African descent and persons with disabilities;

Commitments to strengthen the health workforce in the Political Declaration of the UN HLM UHC 2023	93. Encourage incentives to secure the equitable distribution of qualified health workers, including community health workers, especially in rural, hard-to-reach and underserved areas and in fields with high demands for services, including by providing decent and safe working environments and conditions with due regard to their physical and mental health and appropriate remuneration for health workers working in these areas, including equal pay for work of equal value, consistent with the World Health Organization Global Code of Practice on the International Recruitment of Health Personnel, being mindful of the needs of countries facing the most severe health workforce shortages

Helpful WHO (and other) resources on the subject:

- WHO Mental Health Policy and Service Guidance Package
- WHO Quality Rights
- WHO UHC Compendium
- WHO World Mental Health Report (2022)

Commitment to include mental health as part of health emergency responses

The COVID-19 pandemic has shown the incredible impact on mental health of health emergencies. Mental health can be severely impacted by other emergencies, including climate change, natural disasters and conflicts. Climate change is leading to more frequent and severe extreme weather events and increases the threat of other humanitarian emergencies, such as displacement and violence. Member states are already developing or updating their policies on pandemic prevention, preparedness and response, as well as climate change, and determining the allocation of resources to have sustainable interventions in place. National advocates can use this commitment to ensure that mental health is an integral part of these policies and plans, and is not left behind.

Commitments to mental health as part of health emergency responses in the Political Declaration of the UN HLM UHC 2023	96. Strengthen the resilience of health systems by ensuring that primary health care, referral systems, and essential public health functions, including prevention, early detection and control of diseases, are among the core components of prevention of and preparedness for health emergencies, in order to respond to such emergencies while maintaining the provision of and access to essential health services and medicines, especially routine immunization, as well as mental health support, or to quickly reinstate them after disruption and commit to strengthening public health systems across all countries, including to implement the International Health Regulations (2005), while recognizing that many countries still lack necessary public health infrastructure

Helpful WHO (and other) resources on the subject:

- Building Back Better: Sustainable Mental Health Care After Emergencies (WHO)
- Mental Health among Displaced People and Refugees: Making the Case for Action under Humanitarian Response and Development Programmes (WB)
- Mental Health and COVID-19: Early Evidence of the Pandemic's Impact: Scientific Brief, 2 March 2022
- WHO World Mental Health Report (2022)
- WHO Mental Health & Climate Change Policy Brief (2022)
- Global Mental Health Action Network climate, environment & mental health policy briefs (2023)
- IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings (2007)
- IASC DRR & MHPSS technical note (2021)

Turning commitments into action

Governments' global commitments at the Political Declaration of the UN HLM UHC 2023 are an important first step. But the political declaration would be of little consequence if the member states do not follow up those commitments with implementation at the national level, with visible results for all to see. National advocates can play a key role in this. Not just through their advocacy and using the commitments to hold their policy-makers accountable, but also by supporting their policy-makers and being part of the implementation process. It is also crucial that people with lived experience of mental health conditions are engaged at every step of the process, as the ultimate beneficiaries of our collective efforts. As national governments work towards achieving UHC and the SDGs by 2030, it is our collective responsibility to ensure that such people are not left behind.

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This brief was co-authored by the Universal Health Coverage working group of the Global Mental Health Action Network

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