

WHO Information Network for Epidemics (EPI-WIN) Webinar

# Introduction to MHPSS in Public Health Emergencies

Fahmy Hanna, WHO & IASC MHPSS RG

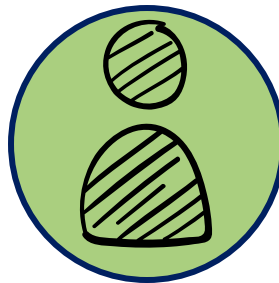
- All MHPSS resources can be accessed on the MHPSS MSP website: <https://www.mhpssmsp.org/>
- [OpenWHO.org](https://openwho.org/) - Mental health and psychosocial support in emergencies
- Email to register or inquire about Build Better Before workshops and simulations: [buildbetterbefore@who.int](mailto:buildbetterbefore@who.int)

# Context

## Prevalence of MHPSS needs in emergencies

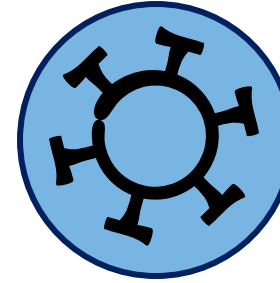


In 2024, nearly  
**300 million**  
people will need  
humanitarian  
assistance



**1 in 5** people in  
humanitarian  
emergencies has a  
mental disorder

**1 in 11** people in  
humanitarian  
emergencies has a  
moderate or  
severe mental  
disorder



**COVID-19**  
caused a  
substantial  
increase in anxiety  
(28%) and  
depression (26%)  
worldwide

“Almost all people affected by emergencies will experience psychological distress. For most people, this improves over time. But for others, the impacts on mental health can endure.”

# Mpox and mental well-being

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People affected by mpox may experience:

- A range of feelings, emotions and stressors
- Physical changes that can lead to stigmatization
- Impact on mental and psychosocial well-being

# Ebola virus disease (EVD) and mental well-being

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People affected by EVD may experience:



- A unique range of stressors
- Neurological complications
- Mental health conditions, including substance use disorders

# Strategic contribution

Where this work sits in WHO priorities.



SEVENTY-SEVENTH WORLD HEALTH ASSEMBLY  
Agenda item 11.2

A77/A/CONF./11  
28 May 2024

**77th World Health  
Assembly, May  
2024**

**Strengthening mental health and psychosocial  
support before, during and after armed conflicts,  
natural and human-caused disasters and  
health and other emergencies**

Draft resolution proposed by Canada, Chile, Dominican Republic,  
Ecuador, Estonia, Finland, Georgia, Guatemala, Israel, Japan, Latvia,  
Lithuania, Mexico, Moldova, Monaco, Netherlands (Kingdom of the),  
Norway, Peru, Portugal, Sierra Leone, Slovakia, Slovenia, Ukraine  
and United Kingdom of Great Britain and Northern Ireland

**Adopted**

19.30pm 29 May 2024

“

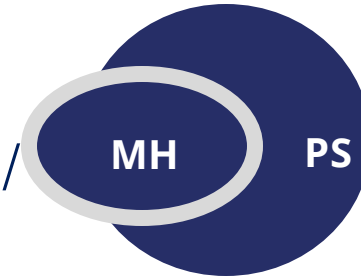
The 77th WHA urges  
Member States to...  
include mental health and  
psychosocial support as an  
integral component of  
preparedness, response and  
recovery activities in all  
emergencies and across  
sectors

# Activities

## Setting inter-agency standards in MHPSS operations.

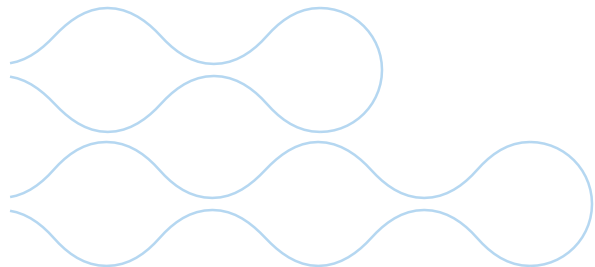
### Consensus for a composite term and definition

- Protecting or promoting psychosocial well-being and/or preventing or treating mental health conditions.



### A new model for interventions

- Shifting from a single disorder-focused model towards a multi-layered intervention pyramid.



Examples:

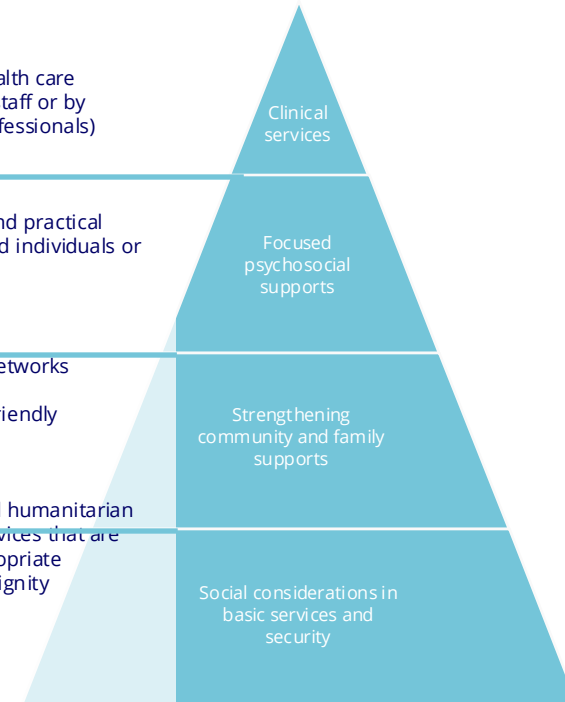
Clinical mental health care  
(whether by PHC staff or by  
mental health professionals)

Basic emotional and practical  
support to selected individuals or  
families

Activating social networks

Supportive child-friendly  
spaces

Advocacy for good humanitarian  
practice; basic services that are  
safe, socially appropriate  
and that protect dignity

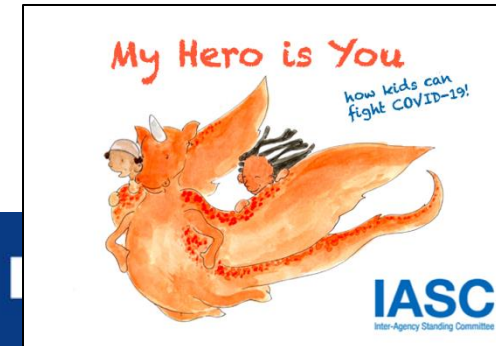
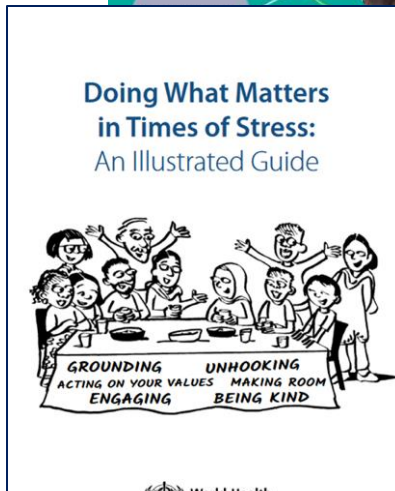


# Activities & achievements

## Setting inter-agency standards in MHPSS operations.

### Guidelines and guidance

- Wide range of widely translated and used IASC MHPSS guidelines and guidance since 2007 and ongoing.



# WHO Comprehensive Mental Health Action Plan 2013-2030- MHPSS Preparedness Target and Current Baseline

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**Building better before.**



**Enhance country and organizational integration of mental health and psychosocial as a critical component of preparedness and disaster risk reduction for biological, climate change-related, and human-made hazards.**

## **Target**

80% of countries will have a system in place for mental health and psychosocial preparedness for emergencies/disasters by 2030

CMHAP 2013– 2030

2020 baseline

**28%**

**countries**

(54 countries)



# Images from Build Better Before Workshops and Simulation Exercises :

**In previous exercises scenarios covering armed conflict, displacement, radio-nuclear hazards, infectious diseases, and climate-related emergencies**



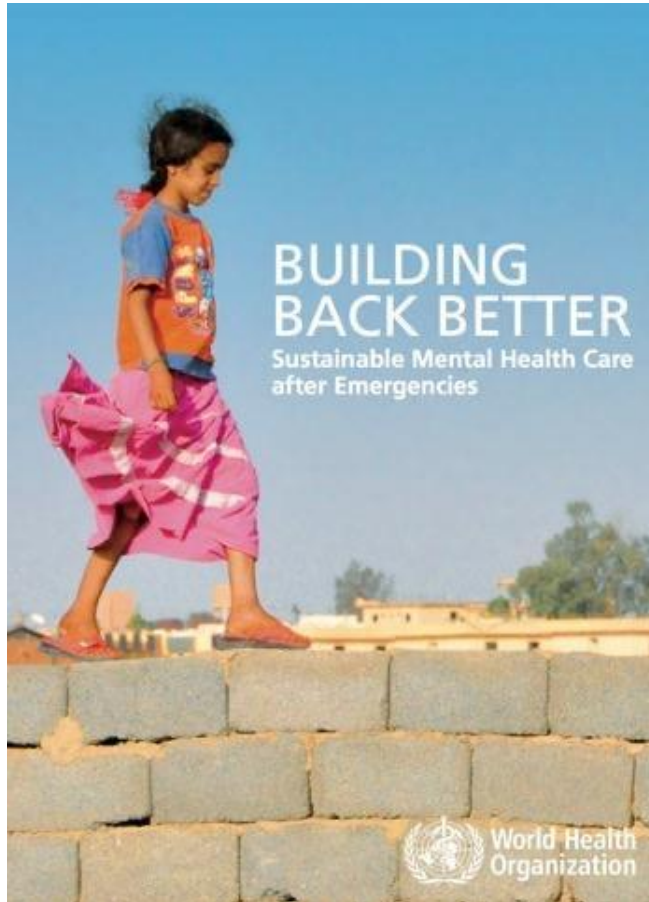
**Diverse  
Scenarios for  
MHPSS  
Preparedness &  
Response**



# Activities & achievements

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## Publication collating lessons learnt.



- 1 Rationale** for understanding emergencies as opportunities to build better mental health care.
- 2 Ten case examples** of areas that have used emergencies to build better mental health care.
- 3 Overlapping practices** from the case examples.

**2013  
publication**

# Links and Contact Information

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- All MHPSS resources can be accessed on the MHPSS MSP website: <https://www.mhpssmsp.org/>
- [OpenWHO.org](https://openwho.org) - Mental health and psychosocial support in emergencies
- Email to register or inquire about Build Better Before workshops and simulations: [buildbetterbefore@who.int](mailto:buildbetterbefore@who.int)

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# **Country Experience: Roles of MHPSS TWG in Ebola outbreak response in Uganda**

**Grace Obalim, TPO Uganda**





Restoring Hope,  
Transforming Lives

## **Country Experience: Roles of MHPSS TWG in Ebola outbreak response in Uganda**

Grace Obalim - National Coordinator Uganda  
MHPSS WG

**[gobalim@tpoug.org](mailto:gobalim@tpoug.org)**

Strong at

**30**



# TPO UGANDA PROFILE

- ❖ TPO Uganda is a National **non-governmental organization** (NGO) that has been delivering services **to vulnerable communities** in Uganda **for over 30 years** with a commitment to **restore hope** and **transform lives**.
- ❖ Currently is the National Coordinator for Uganda NMHPSS WG

A society where individuals  
enjoy mental health and socio  
economic wellbeing



To empower communities, improve  
their mental health and socio-  
economic wellbeing.

Strong at  
**30**

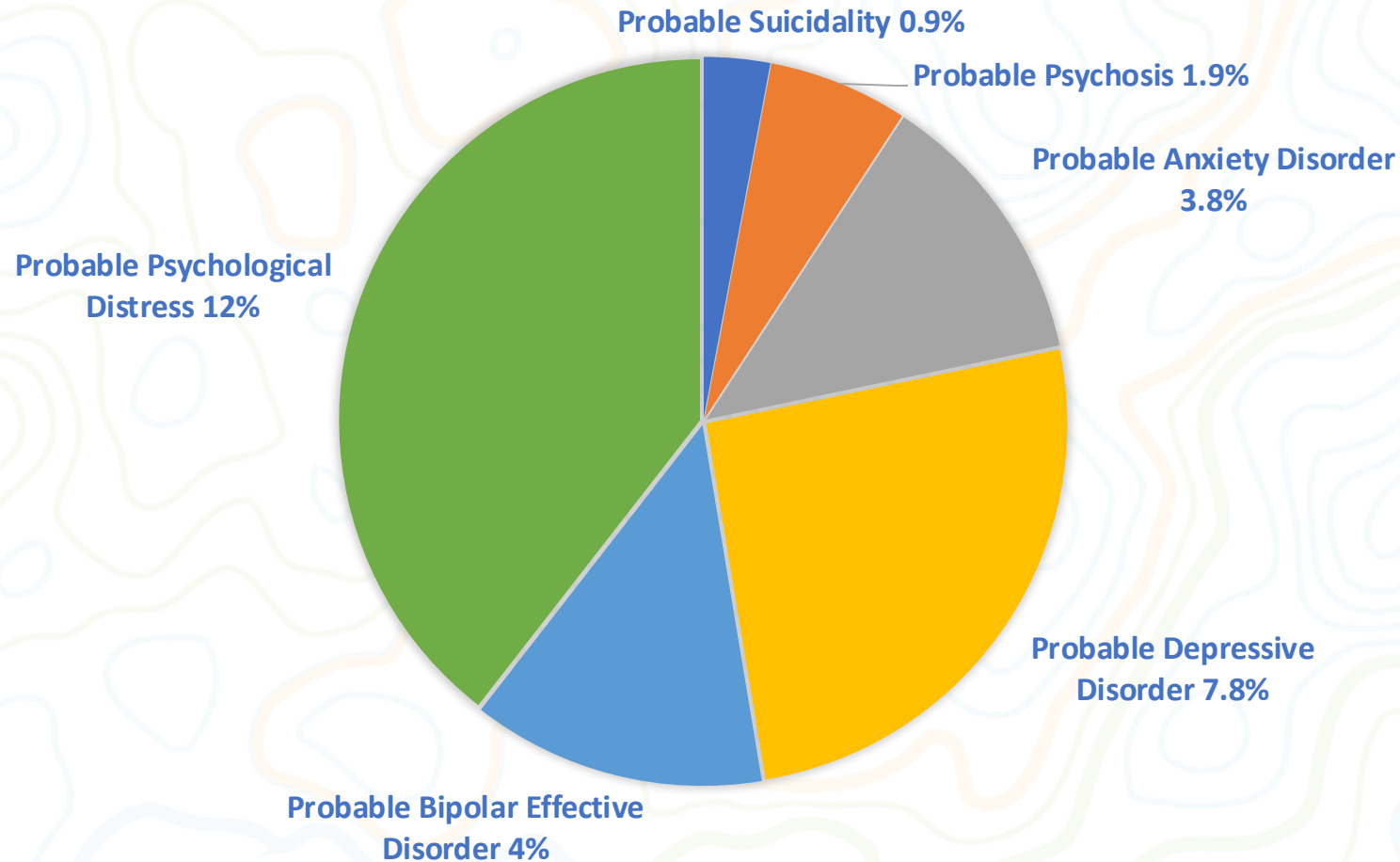


# Uganda MHPSS Contextual Analysis

- According to the Uganda National Housing and Population Census conducted by UBOS (May 2024). **12%** of the Uganda population aged 10 and above had experienced at least some form of probable general psychological distress.



# Percentage of Persons aged 10 and above with Probable General Psychological Distress



Strong at  
**30**



# Context analysis Ct.

- The budget for MH has been very low from 0.8 to 1.5% in 2023/2024
- A national Mental Health Working Group was established in 2019 by mainly humanitarian partners with the aim to strengthen coordination, learning and advocacy for MH services inclusion into the general primary health system
- Services delivery are largely by CSOs and NGOs and available within refugee settlements and hosting Districts with only One National referral Hospital, 13 regional referral hospitals with MH units and integration at all District levels hospitals operated within clinics settings.

Strong at  
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# EBOLA OUTBREAK IN UGANDA 2025

- Uganda is currently experiencing its eighth Ebola outbreak. After the pervious outbreak of the Sudan Ebola virus in western and central uganda between stepmber 2022 to Jan 2023 that registered 77 deaths and 164 confirmed cases.
- On 30 January 2025, an outbreak of Ebola Sudan Ebola virus disease was reported in Mbale , Eastern Uganda
- A joint comprehensive response team headed by MOH was established to halt the spread of the virus with focus at strengthening early detection, clinical care, infection prevention and control as well as community engagement.
- As of 24<sup>th</sup> Feb , the last admission was discharged and the count for no active case started
- Registered 9 cases, one death and 219 contacts who have all be reintergrated back to the community

Strong at  
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# MHPSS TWG RESPONSE TO EVD

- Joint task force In response
- Deployed pysocial and parasocial workers at all isolation units
- Capacity enhacment of the general health workers at the isolation units through a one hour daily training on MHPSS identifation and provisoion of basic PSS
- Community awareness against stigama and segeration
- Developed play materials for children at the isolation units
- Child friendly services through case management at individual level for the affected children

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**30**



# NEXT STEP

- Deployment at the serviors clinics for follow up for post EVD support in all the five serviors clinics
- Training for General health workers on Mhgap HIG
- Development of materials against stigame for community dessiminations

## CHALLENGES

- Communication with children

## BEST PRACTICE

- Mutidisplinnary response team
- Structured thematic TWG
- Intergation of services at community levels

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**30**

# THANK YOU



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# **Strengthening Africa Union Members States Workforce for Integration of MHPSS into Emergency Preparedness and Response and Primary Health Care**

Dumsani Njobo Mamba, Africa CDC





## **Safeguarding Africa's health**

Strengthening Africa Union  
Members States Workforce for  
Integration of MHPSS into  
Emergency preparedness and  
response and Primary health care.

Dumsani Njobo Mamba

Mental Health Technical Officer.  
Africa CDC

# Mental health challenges in Africa



Contents lists available at ScienceDirect

Public Health

journal homepage: [www.elsevier.com/locate/puhe](http://www.elsevier.com/locate/puhe)



## Commentary

### The negative impact of global health worker migration, and how it can be addressed

J. Eaton <sup>a,\*</sup>, F. Baingana <sup>b</sup>, M. Abdulaziz <sup>c</sup>, T. Obindo <sup>d</sup>, D. Skuse <sup>e</sup>, R. Jenkins <sup>f</sup>

<sup>a</sup> London School of Hygiene and Tropical Medicine, UK

<sup>b</sup> World Health Organization, African Regional Office, People's Republic of Congo

<sup>c</sup> Africa Centres for Disease Control and Prevention, Ethiopia

<sup>d</sup> Association of Psychiatrists in Nigeria and University of Jos, Nigeria

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<sup>f</sup> King's College London, UK



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Global health  
Health Services

## ABSTRACT

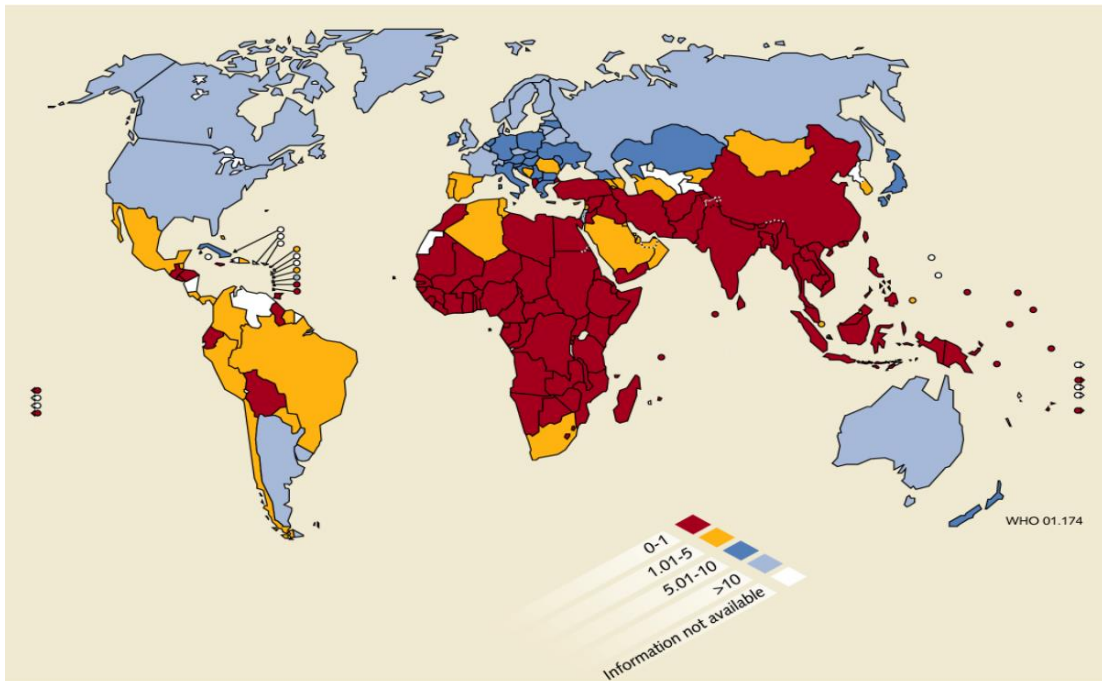
International migration of healthcare workers is well established and has become a means of maintaining service quality in many high income countries. In recent years, there has been a dramatic increase in recruitment of health personnel who have been trained abroad, including from the poorest countries in the world. In this article, using General Medical Council (GMC) data, we chart the growth in numbers of international staff working in the United Kingdom, where since 2018, over half of all new GMC registrations have been of doctors trained abroad. There is evidence that this migration of health staff results in poorer health service provision in low and middle income countries, as well as substantial economic impacts in these countries that have invested in training their health workforce. Recruiting governments have argued that remittances compensate for the loss of personnel, and that training opportunities can enable skills transfer to countries with weaker health systems. However, we found that the costs to the source countries dwarfed remittances, and that only a tiny fraction of people who move to take up posts in wealthier countries ever return to their countries of origin to work. We conclude that in addition to the investment in health systems (and workforce development) in low and middle income countries as part of Official Development Assistance for Health, there is an urgent need to increase training of nurses and doctors so that damaging migration is no longer relied upon to fill gaps in healthcare personnel.

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- Brain drain
- Non-existent or outdated mental health policies, legislations and funding
- Widespread ignorance, shame, stigma, discrimination and human rights abuses
- Rudimentary preventive services
- Lack of government prioritization
- Treatment gap



# Workforce



- Africa has a global population share of 13.76%, and a 25% share of the global burden of disease, but only a 1.3% share of healthcare staff
- Africa has only 1.4 mental health workers per 100,000 people (global average of 9)

# Africa CDC Flagship Interventions on Workforce

## 1. Mental Health and Psychosocial Support (MHPSS) integration into EPR

1. Conducted workshops in Western, Central, Eastern Africa and Southern Africa
2. Trained 80 Mental Health leads and emergency officers on MHPSS during emergencies and integration into EPR.

## 2. MHPSS Surge Capacity within AVOHC

1. Developed MHPSS capacity within African Volunteers Health Corps (AVoHC).
2. Trained 25 specialized MHPSS experts for AVoHC
3. Integration of MHPSS in all AVoHC induction trainings for advocacy and Awareness.
4. Deployed experts to support emergencies, e.g., Mpox (DRC, Burundi, Tanzania) Marburg (Rwanda).
5. In country training for Selected member states for provisional MHPSS leads capacity strengthening.

## 3. Mental Health Legislation Support

1. Support Member States in reviewing and implementing Mental Health legislation.
2. Facilitated country-to-country peer learning (e.g., Sierra Leone's Presidential Taskforce on Mental Health).

# MHPSS integration into Emergency Preparedness and Response

- Africa CDC
- National MHPSS Focal Points, Governance and Plans
- MHPSS Technical Partners and Tools (WHO(HQ,AFRO,EMRO), IASC)

- Emergency Preparedness and Response Division
- National EPR Focal Points, Governance and Plans
- EPR Technical Partners and Tools

- Incident Management plans and structures routinely include MHPSS elements from budget to operations to M&E
- MHPSS interventions and indicators in National Action Plans for Health Security (NAPHS)
- MHPSS surge capacity for emergency response, eg. African Health Volunteers Corps (AVoHC)





# Africa CDC Mental Health Leadership Program (MHLP)

## MENTAL HEALTH LEADERSHIP PROGRAMME PILLARS



1

### **Integration of mental health into the Africa CDC Kofi Annan Global Health Leadership Programme**

15 Senior mental health leaders will complete the prestigious Kofi Annan Global Health Programme, with dedicated mental health content introduced for all public health leaders.



2

### **Establish an African Field Epidemiology Training Programme (FETP) in Global Mental Health**

80 Mental health and public health professionals will join the Field Epidemiology Training Programme (FETP) with a dedicated mental health track, and mental health will be incorporated into this practical field epidemiology course.



3

### **Implement the Short Public Mental Health Leadership Courses**

A diverse range of 240 mental health, public health, civil society and lived experience leaders will undergo an intensive introductory course in public mental health, services reform, leadership and advocacy.



4

### **Strengthen the Networking and Civil Society Engagement**

20 mental health-focused civil society organizations, including organizations of people with lived experience across AU regions will be supported to advance their mental health reform work and advocacy plans.

- Networks of mental health actors, including AMHLP course alumni and civil society will enable better sharing and learning across countries and across disciplines.



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    @africacdc



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# Using the MSP in Public Health Emergencies

Caoimhe Nic a Bhaird, UNICEF

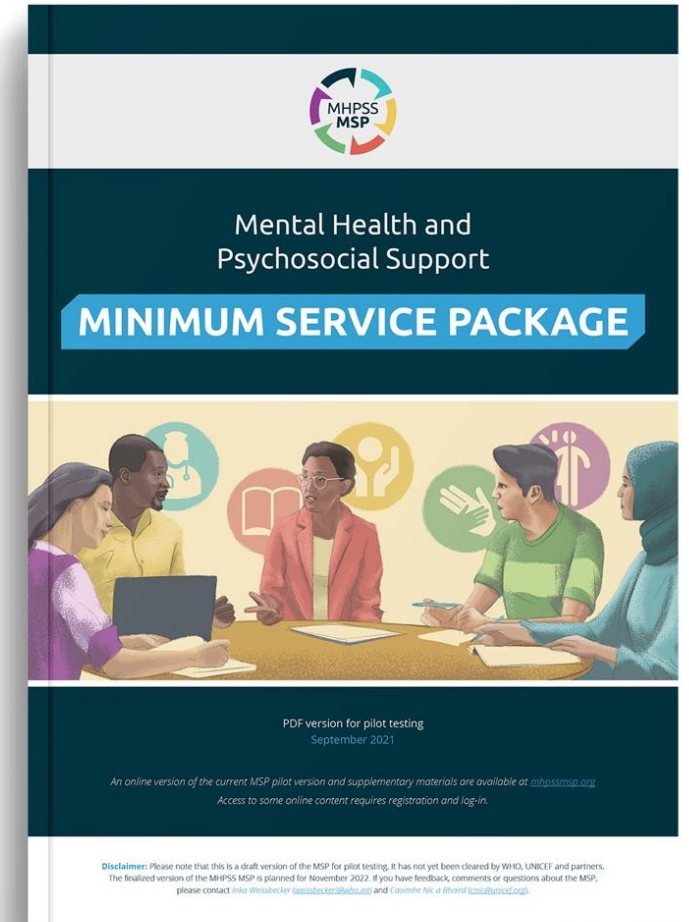
# Using the MSP in Public Health Emergencies

Dr Caoimhe Nic a Bhaird, UNICEF HQ



# What is the MHPSS Minimum Service Package?

- Set of 22 **high priority MHPSS** activities
- Based on:
  - **Existing guidelines**
  - Best **available evidence**
  - **Consultation & expert consensus**
- **Intersectoral**
  - shared understanding, common language
- Designed for a **faster, more effective, better coordinated response**







# MHPSS in clinical case management of disease

(Activity 4.1)

ACTIVITY	
Integrate MHPSS considerations and support into clinical case management for infectious diseases	
Core actions	
✓	Develop, adapt and translate materials where needed (e.g. orientation materials for staff, information, education and communication (IEC) materials aimed at affected populations).
✓	Identify MHPSS focal points to provide and coordinate services for MHPSS in all health facilities.
✓	Ensure that every health facility has at least one person trained and a system in place to identify and provide care for people with common and severe mental health conditions.
✓	Orient health care workers who are tasked with the management of persons with infectious diseases in basic psychosocial support skills, assessment and first-line clinical interventions and on drug-drug interactions (e.g. between medications for managing infectious diseases and psychotropic medications).
✓	Provide MHPSS to persons with infectious diseases and their family members, including children. This includes support for coping with acute and severe illness (e.g. acknowledging and addressing distress, facilitating communication, ensuring respect and dignity).
✓	Identify, manage and, as appropriate, refer infected people with new or pre-existing MHS conditions to mental health services as needed. <sup>12</sup>
✓	Ensure that health facilities are equipped with needed supplies of essential psychotropic medications.
✓	Integrate data on comorbid mental health conditions in clinical forms and health information systems. <sup>16</sup>
✓	Include MHPSS considerations to mitigate protection risks and reduce psychological distress for infected persons who are hospitalized (e.g. ensuring access to accurate and easily understood information about the condition and the treatment, facilitating communication with family members remotely via phones or protective screens, facilitating visits from religious leaders if desired, facilitating daily activities, e.g. by providing books and games, especially for children).
✓	Establish links and referral mechanisms for affected people and their family members to access mental health care providers, food security and livelihoods support, education, social services (including housing) and other relevant services and supports.
✓	Establish opportunities for those who are bereaved to mourn and follow cultural traditions for safe and dignified burials, based on their preferences and to the extent possible.
✓	Protect the mental health of all responders and ensure that they can access mental health and psychosocial care.



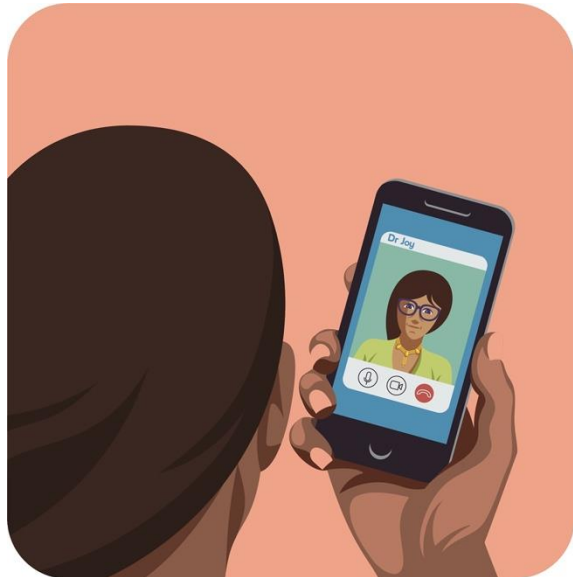
# Adapting & enhancing *all* MSP activities

(PHE Guidance)



# MSP Guidance on Using the MSP in PHEs

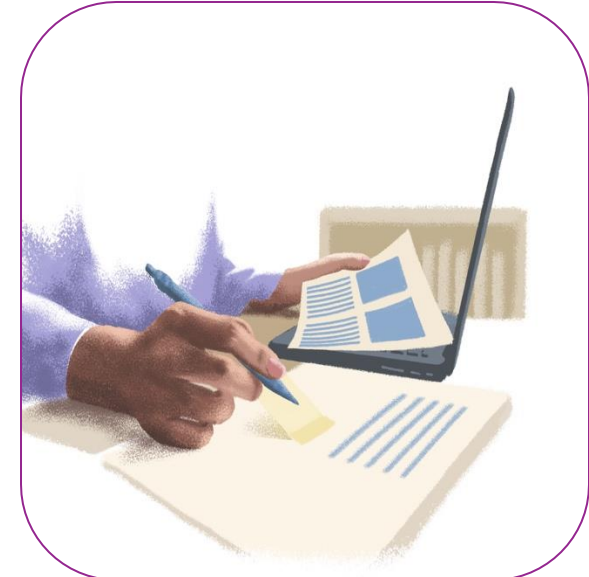
**Part 1.**  
**Additional actions**  
needed for each MSP  
activity in PHE



**Part 2.**  
**Adaptations**  
to existing MSP  
activities



**Part 3.**  
**Guidelines, standards**  
**and tools**



# Using the MSP in PHEs



## Infectious disease case management

e.g. emotional & practical support for those in treatment, quarantine, family members, recovery



## Infection prevention and control (IPC)

e.g. safe and dignified burials & grieving rituals, supporting behaviour change & positive decision-making



## Risk communication & community engagement

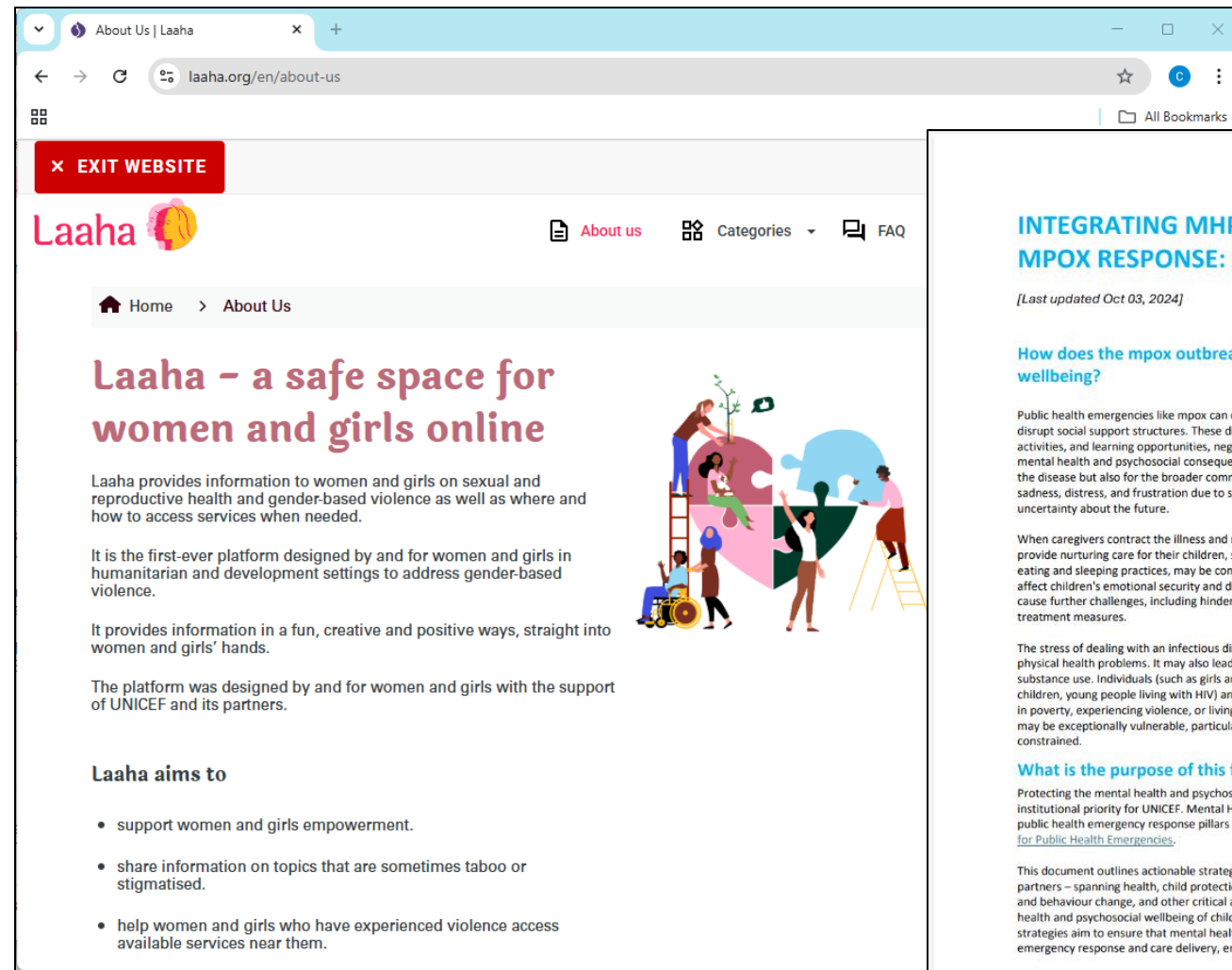
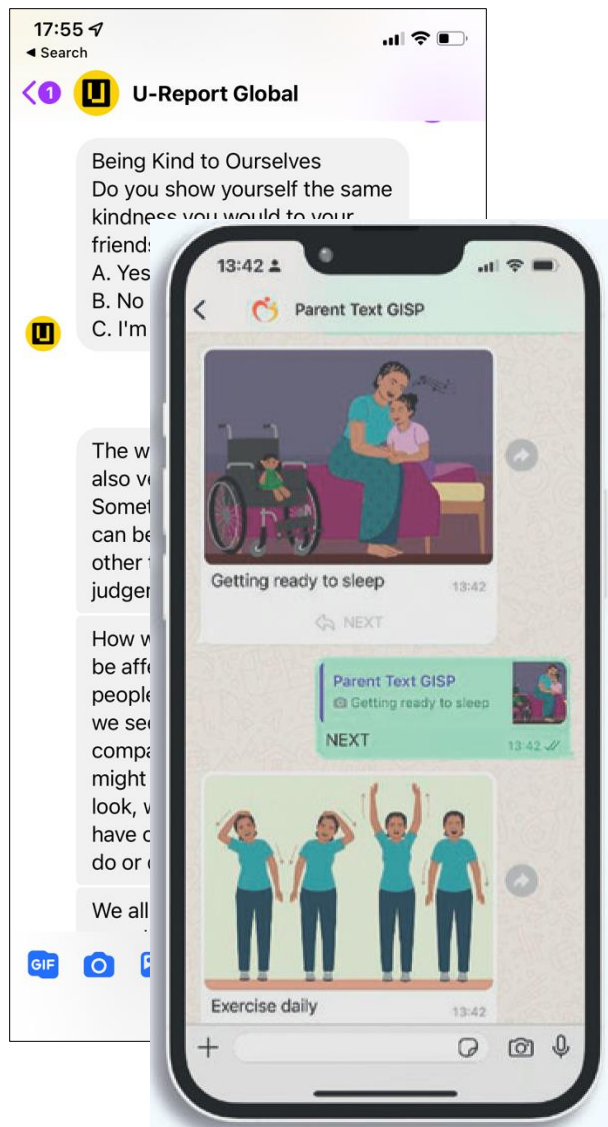
e.g. Key messages on staying well and empowering messages on effective individual action for IPC



## Maintenance of essential health services

e.g. adaptation and maintenance of MH services (e.g. through remote delivery)

# Examples of adaptations & remote activities



## INTEGRATING MHPSS INTO THE MPOX RESPONSE: A FIELD BRIEF



[Last updated Oct 03, 2024]

### How does the mpox outbreak impact mental health and psychosocial wellbeing?

Public health emergencies like mpox can cause widespread suffering, trigger fear and stigma, and disrupt social support structures. These disruptions can interfere with children's routines, recreational activities, and learning opportunities, negatively impacting their development and wellbeing. The mental health and psychosocial consequences can be profound, not only for those directly affected by the disease but also for the broader community. People may experience increased anxiety, grief, sadness, distress, and frustration due to social restrictions, fears of contracting the disease and uncertainty about the future.

When caregivers contract the illness and need to be separated from their children, their ability to provide nurturing care for their children, such as breastfeeding, interactive play, and maintaining regular eating and sleeping practices, may be compromised. This disruption and potential stress can adversely affect children's emotional security and development. Stigma, discrimination, and social isolation can cause further challenges, including hindering help-seeking behaviors and adherence to prevention and treatment measures.

The stress of dealing with an infectious disease outbreak can exacerbate pre-existing mental and physical health problems. It may also lead to the adoption of negative coping strategies such as harmful substance use. Individuals (such as girls and young adolescents, children with disabilities, separated children, young people living with HIV) and communities already facing challenges, including those living in poverty, experiencing violence, or living in a humanitarian emergency or protracted crisis contexts, may be exceptionally vulnerable, particularly if access to ongoing care and other essential services is constrained.

### What is the purpose of this field brief?

Protecting the mental health and psychosocial wellbeing of children affected by emergencies is an institutional priority for UNICEF. Mental Health and Psychosocial Support (MHPSS) is one of the 11 public health emergency response pillars outlined in UNICEF's 2024 [Operational Response Framework for Public Health Emergencies](#).

This document outlines actionable strategies and interventions that UNICEF and its implementing partners – spanning health, child protection, education (including early childhood development), social and behaviour change, and other critical areas of work – can employ to protect and enhance the mental health and psychosocial wellbeing of children and caregivers during the mpox emergency. These strategies aim to ensure that mental health and psychosocial support are integrated across all aspects of emergency response and care delivery, ensuring a coordinated, multi-sectoral approach.



# Thank You

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[mhpss.msp@gmail.com](mailto:mhpss.msp@gmail.com)

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# **From Parallel to Integrated: Mental Health's Place in Public Health Emergencies**

**Phiona Koyiet, World Vision International**

WHO Information Network for Epidemics (EPI-WIN) Webinar

# **My Hero is You:**

## **An illustrated storybook series to support children's wellbeing during uncertain times**

Maya Bachet, WHO



# My Hero is You

*an illustrated storybook series  
to support children's wellbeing  
during uncertain times*





# Children's storybook: *mpox* edition

An RCCE resource spearheaded by WHO & UNICEF

## Main objectives:

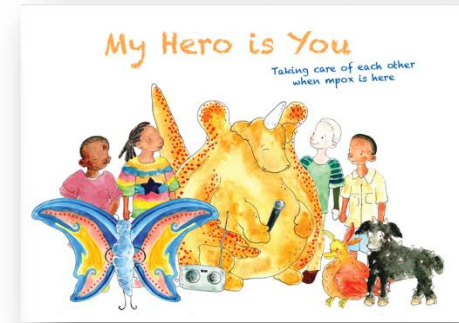
- Inform children about mpox in an accessible manner
- Introduce coping strategies
- Reduce fears and stigma

## Informed by the voices of children

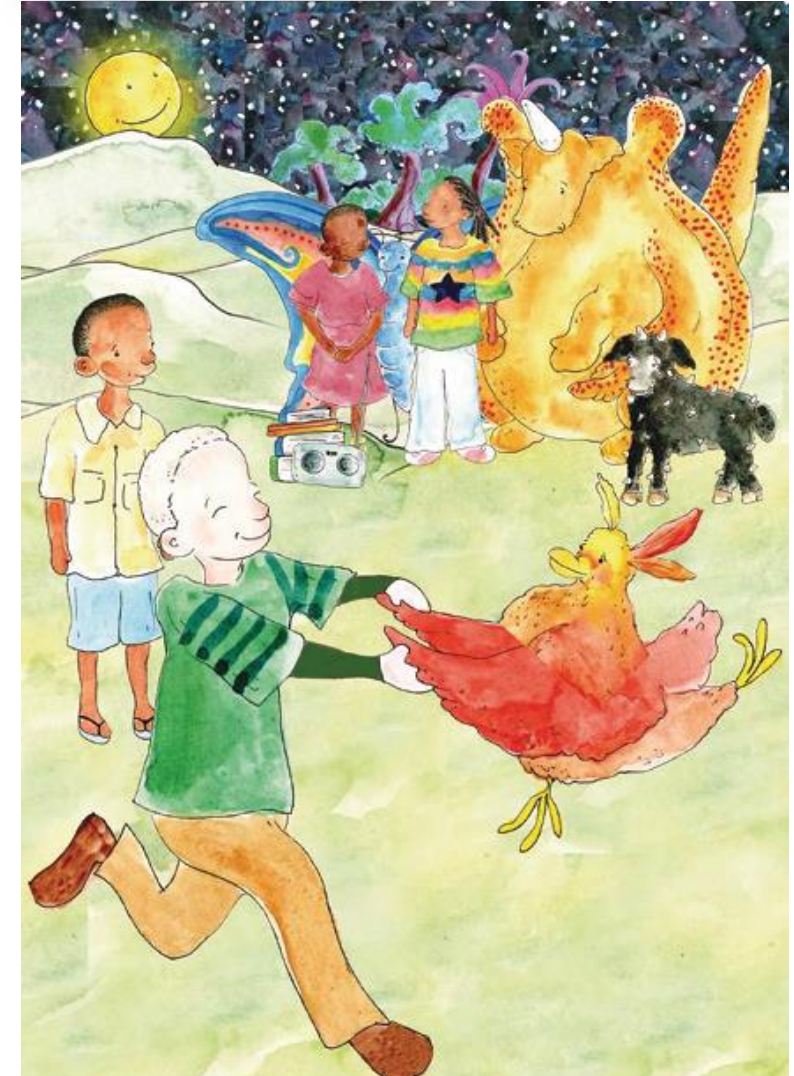
- Inputs into the story framework  
Qualitative and quantitative surveys
- Intensive field-testing  
→ *With more than 100 children in DRC and Burundi*

## Expert reviews

WHO, UNICEF, CBM, African Albinism Network



In the  
pipeline



# Findings

## *My Hero is You: mpox edition*

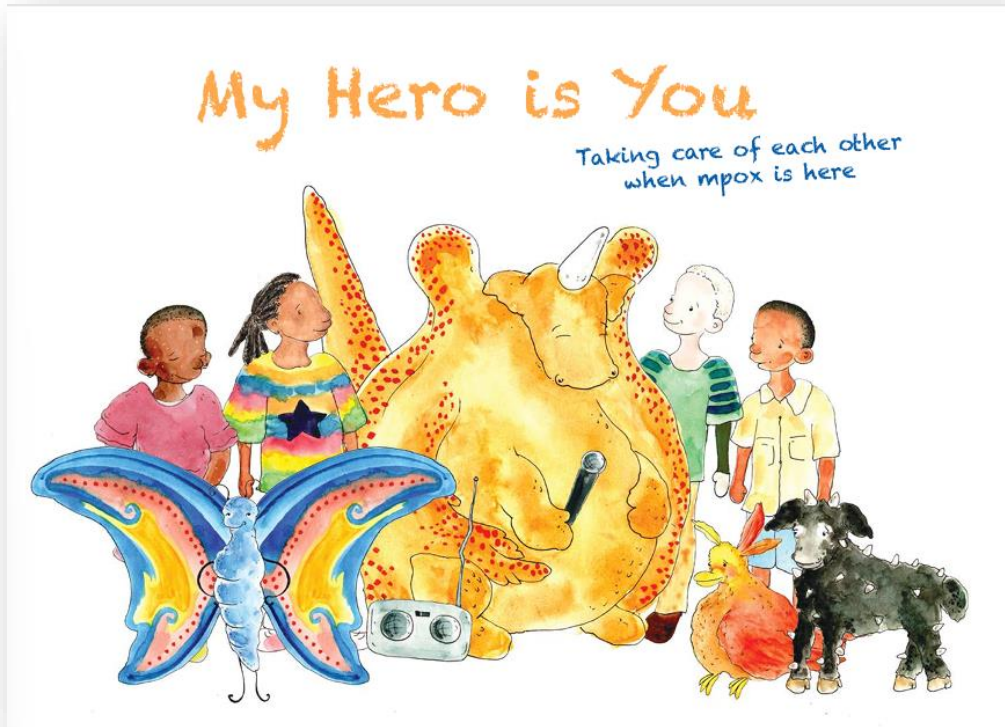
n=90

children and caregivers (DRC)

- What they **want to know**: causes, prevention methods, and treatment options
- **Emotions** they've been experiencing: fear (88%), sad (43%), anxious, worried, uncertain (30%)
- What helps them **feel better**: praying or thinking about/talking to God (37%), playing (35%), and hugs/encouraging words from family (35%)
- What gives them **hope**: praying or thinking about/talking to God (54%), support from family (48%), and thinking about/making plans for the future (44%)
- **Storyline**:
  - Characters: parents, health workers, doctors, characters from previous MHIY books, superhero, children
  - Actions: talk about and show preventative methods, keep hope that it will be okay

# Children's storybook: **mpox** edition

In the pipeline



*"Focus on a memory or a time when you felt safe," said Ario. He asked them what they could see, feel, and smell in their safe places. He asked if there was anyone special they would like to invite into their safe places and what they might talk about together. "*



## How can **you** use the book?

- Published under Creative Commons License  
→ allows you to use, translate, and adapt the storybook
- **Read** the book with a group of children
- **Translate** in any language
- **Share** with your community (online or offline)
- **Adapt** to your context
  - Radio show with story's songs performed by musicians
  - Visual adaptation of the story without any written text
  - Puppet show
  - An audio podcast with children as the actors





# Connect!

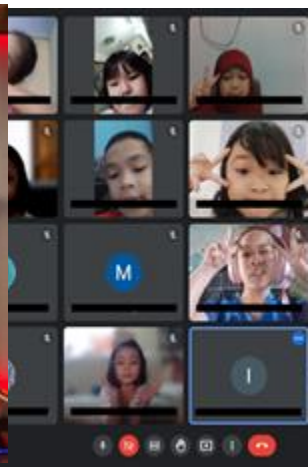
*My Hero is You: war edition*

*My Hero is You: mpox edition*

*My Hero is You: Infectious diseases edition*

- Translations
- Adaptations
- Dissemination

**Maya Bachet: [bachetm@who.int](mailto:bachetm@who.int)**





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# **Disability and Inclusion in MHPSS in Public Health Emergencies**

Heather Pearson, WHO



# Disability and Inclusion in MHPSS in Public Health Emergencies

Heather Pearson, WHO Consultant  
[pearsonh@who.int](mailto:pearsonh@who.int)

# Defining the term ‘disability’

**Disability** is the interaction between...

- A person's **impairment**
- **Barriers** in the world around them

A person's impairment might affect how they:

- Move
- Behave
- Learn
- Take in and interpret information



# Why does disability inclusion matter in emergency settings?

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In emergency settings, persons with disabilities:

- Are more affected
- Face more barriers

Result:

- Restricted access to services
- Restricted participation in emergency responses







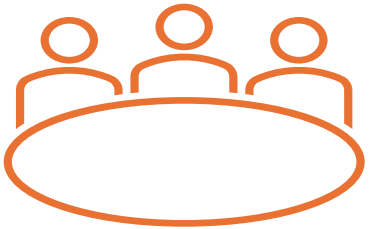
## IASC Information Note: Disability and Inclusion in MHPSS

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To be effective and responsive to the needs of persons with disabilities, an MHPSS programme/response must:

- Address barriers to access
- Be informed by the participation of persons with disabilities

# 5 Keys to Ensuring Inclusion in MHPSS in a Public Health Emergency



Consult  
with/ensure  
meaningful  
participation  
of disability  
actors



Ensure  
capacity of  
staff and  
volunteers



Identify and  
remove  
barriers



Ensure/  
advocate that  
data collection  
systems allow  
disaggregation



Leave  
**NOBODY**  
behind



*Thank you!*

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**WHO Information Network for Epidemics (EPI-WIN) Webinar**

**Q&A**