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WHO SPECIAL INITIATIVE FOR **MENTAL HEALTH**

WHO Special Initiative for Mental Health Phase 2 (SIMH-2): Transforming services for people with mental, neurological and substance use (MNS) conditions as part of universal health coverage (UHC)

The goal of SIMH-2 maintains its target to enable access to services for people with mental, neurological and substance use (MNS) conditions as part of universal health coverage (UHC) for 100 million more people.

SERVICES ARE IN HIGH DEMAND

MNS conditions contribute to poor health outcomes and global and national economic losses. People living with MNS conditions commonly experience human rights violations, reduced opportunities, stigma, and in some instances premature death. Mental health is high on the global health agenda. Yet, despite demand, the availability of services in many countries is lacking.

THE SPECIAL INITIATIVE FOR MENTAL HEALTH (SIMH)

In 2019, the WHO Director-General, Dr Tedros Adhanom Ghebreyesus, launched the WHO Special Initiative for Mental Health. Working in nine countries– Argentina, Bangladesh, Ghana, Jordan, Nepal, Paraguay, the Philippines, Ukraine, and Zimbabwe the SIMH has achieved impressive results[1]:

59.8 million more people benefited from increased access to services for MNS conditions in their communities.

More than 717,000 individuals received treatment for MNS conditions, most for the first time. Women and girls made up nearly 61% of people receiving treatment, and 18% of those treated (approx. 129,000) were children under 18 years of age.

The capacity of people providing mental health services increased via the training of **34,000+** health and social care workers.

Over 1,000 organisations, including associations of people with lived experiences, were engaged with WHO and ministries of health for implementation of SIMH activities.

Each SIMH country made critical in-roads towards transforming mental health systems and services. Actions have included updates to mental health laws and policies, increased district, or national level budgets for MNS services, building workforce capacity and decentralising services away from institutional-based care.

[1] Data as of September 2024; retrieved from WHO Special Initiative for Mental Health quarterly monitoring data

BUILDING ON ACHIEVEMENTS FOR A SECOND PHASE OF WHOS SIMH ("SIMH-2")

Based on successes, learnings and experiences of WHO's original SIMH, the programme will expand to "SIMH-2", with some strategic operational shifts, which will:

1. Support the transition of 9 existing countries towards local ownership and governance
2. Expand opportunities for 12 additional countries to benefit from short-term (~2-years) targeted investments to support systems-level actions
3. Expand opportunities for 3 additional countries to benefit from longer-term (~3-4 years) intensive support
4. Retain the focus on transforming systems for MNS services as part of universal health coverage
5. Contribute to WHOs GPW14 goal and targets to PROVIDE increased access to services, and its mental health specific indicator: "Service coverage for people with mental health and neurological conditions".

SIMH-2 TRANSFORMATION STRATEGY

Shown in Figure 1, all actions for SIMH-2 target the core need for community-based services development for people living with MNS conditions. Transformation and expanded availability of services will be driven by various intervention strategies, informed by global recommendations and broader health systems strengthening approaches (e.g., financing, policy, leadership, workforce). Each country will base their actions on their unique priorities and context.

Supporting countries with lower and higher investments (see Figure 2) in the SIMH-2 programme will allow WHO to engage with more countries and expand its influence towards global goals. In doing so, every SIMH-2 country will contribute to the SIMH-2 goal impact indicator - to enable access to services for people with mental, neurological and substance use (MNS) conditions for 100 million more people. It will subsequently support targets set out in WHOs GPW14, the Sustainable Development Goals and the Comprehensive Mental Health Action Plan (2013-2030), amongst other World Health Assembly mandates.

The transformation of services for people with MNS conditions must be anchored by a strong health system that supports the availability, demand, and use of those services. This is indicated by the different work countries may undertake during SIMH-2 programme, with examples provided in Table 1.

WHO plans to work in countries where specific requests for SIMH-2 work have been made; and priority needs have been identified through WHOs Regional Offices[2]; and expanding to new countries when and as funding is gradually realised.

Community-based services for people with mental, neurological and substance use conditions refers to care that is provided outside of a psychiatric hospital. This includes services available through primary health care, specific health programs (for example HIV clinics), district or regional general hospitals as well as relevant social services. It also includes a range of other community services, such as community mental health centres and teams, psychosocial rehabilitation programmes and small-scale residential facilities, among others (World Mental Health Report, p.189).

[2] Country requests to be part of the WHO Special Initaitive for Mental Health and WHO regional priority countries (to date) includes (but is not limited to): Various small island developing states in the Caribbean and Pacific, Kenya, Liberia, Sierra Leone, Nigeria, Ethiopia, Pakistan, Lebanon, Qatar, Djibouti, Armenia, Estonia, Albania, Bulgaria, Moldova, Bhutan, the Maldives, Malaysia, Mongolia.

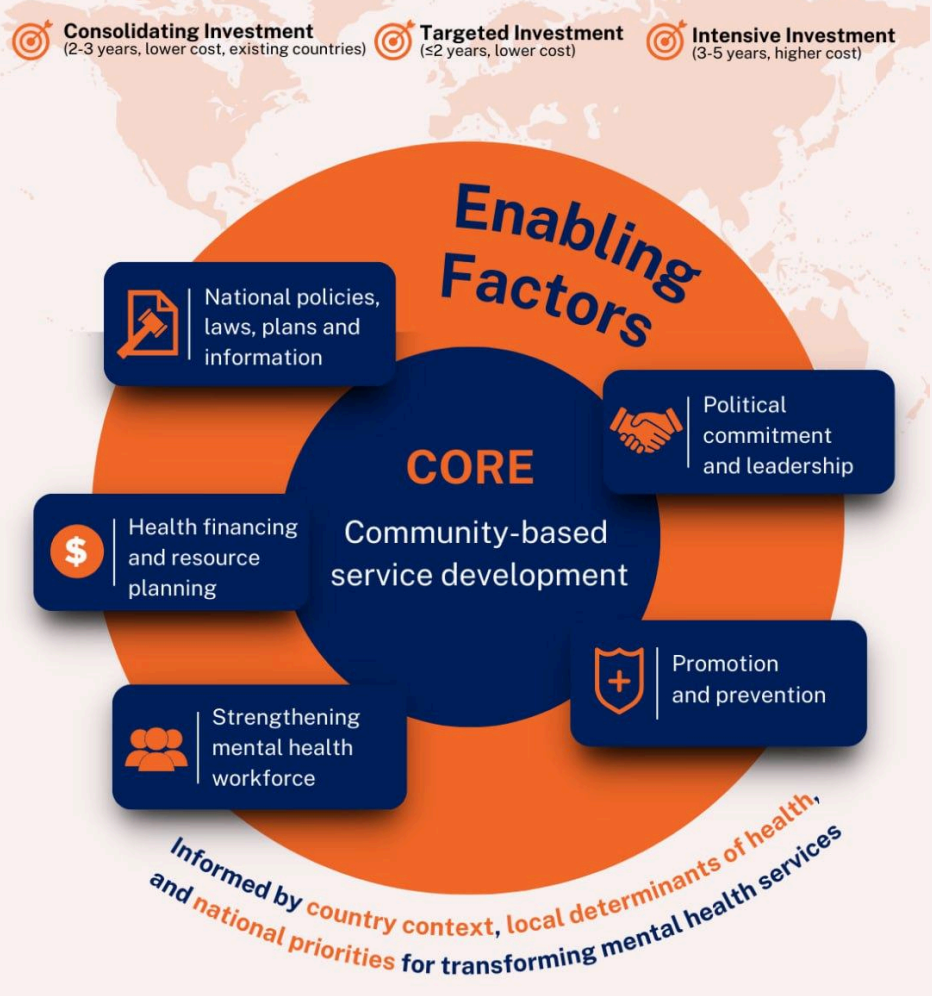

Figure 1: SIMH-2 transformation strategy

Consolidating Investment 2-3 years, low cost, 9 existing countries	• Support to 9 existing Special Initiative for Mental Health countries for 2-3 years @ ~USD 250,000 per country per year*, phasing down support • Focusing on CONSOLIDATION (sustainment) actions towards progress achieved in community-based mental health services
Targeted Investment ≤ 2 years, low cost, 12 new countries	• Support to 12 new countries to implement a TARGETED 1-2 year program @ ~USD 350,000 per country per year* • Focusing on ENABLING factors that work towards strengthening and improving core community-based mental health services
Intensive Investment 3-5 years, high cost, 3 new countries#	• Support to [at least] 3 new countries* to implement a 3-5 year INTENSIVE program @ ~USD 1,250,000 per country per year* • Focus on CORE community-based mental health service development and enabling factors, for rapid and significant scale up of mental health services

**Costs per year per country per investment type will vary based on country needs*

**One country each in EMRO = WHO Eastern Mediterranean Region; EURO = WHO European Region; and WPRO = WHO Western Pacific Region*

Figure 2. SIMH-2 modalities of support, reflecting different types and levels of investment to countries

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Table 1. Examples of work countries may undertake[3] under the SIMH-2 programme, all of which are to be underpinned by evidence and rights-based, community-based, recovery-oriented approaches[4].

CORE ACTIONS FOR COMMUNITY-BASED SERVICE DEVELOPMENT (INTENSIVE INVESTMENTS)

Community-based service development	• **Service scale-up:** E.g., mhGAP, brief psychological interventions, tele-mental health, community or mobile mental health teams, acute psychiatric services in general hospitals. • **Social support:** E.g., community housing, employment services, case management and social work, carer support, access to legal services, day care programs • **System change:** Shifting the focus and organisation of services from centralised facilities (i.e., psychiatric hospitals) to community-based services • **Service integration:** Integration of MNS health services in other programmes – E.g., for HIV, TB, NCDs, gender-based violence, disabilities, youth, humanitarian crises • **Quality assurance:** Ensuring quality MNS health services[5], including appropriate clinical management and documentation for monitoring service user outcomes • **Targeted populations:** Priority programmes for groups in positions of vulnerability

ENABLING ACTIONS THAT SUPPORT THE STRENGTHENING OF MENTAL HEALTH SYSTEMS AND SERVICES (TARGETED AND / OR INTENSIVE INVESTMENTS)

National policies, laws, plans and information	• **Policy development and legal reform:** assist countries to align national laws, policies, and plans to international and regional frameworks • **Information systems:** establish national level MNS indicators and to collect, analyse and use data through routine health information systems (HIS) • **Essential medications:** include medications for MNS conditions in national essential medicine lists and standard treatment guidelines; prioritising the consistent supply and access via primary and secondary health facilities
Health financing and resource planning	• **Resource planning:** Assess financial and human resource needs and mechanisms in and beyond the health sector for sustained MNS services development, reconfiguration, or support (including links to other major disease programmes, e.g., NCDs, HIV, MCH). • **Financial protection:** Support inclusion of MNS conditions in health benefit or entitlement packages and publicly funded financial protection schemes
Political commitment and leadership	• **Advocating for increased political commitment** at global, regional, and local levels • **Build public awareness** and interest in mental health and work to reduce stigma and discrimination • **Support the inclusion of people living with MNS conditions**, their carers and families, to meaningfully engage with actions related to the services they use • **Harness and strengthen national and local champions** for mental health, improving capacity for leadership and governance
Promotion and prevention	• **Promote the use of services** for people with MNS conditions, encouraging communities to be aware of, identify and support individuals to seek support (i.e., demand creation) • **Stigma and discrimination** reduction initiatives • **Suicide prevention** initiatives (e.g., the services components of LIVE LIFE[6] interventions) • **Support to the employment sector** for stronger protection of mental health at work
Workforce strengthening	• **Expanding the specialist workforce** • **Strengthening the generalist health workforce** competencies via pre-education or in-service training • **Strengthening supervision** for workers providing services • **Improving the quality of education** about MNS conditions, focusing on competency-based learning • **Rights awareness** for the mental health workforce, to improve their capacity to provide rights-based, community-based, recovery-oriented care (e.g., QualityRights training[7])

[3] These examples of work countries may undertake under the SIMH-2 is not a comprehensive list. Actual activities will be determined based on country needs and priorities and will likely comprise selected elements from multiple areas. No country will implement all actions presented here.

[4] https://www.who.int/publications/i/item/9789240025707

[5] Quality health care refers to care that is safe, effective, timely, efficient, equitable, and people-centred. This includes ensuring interventions and services are evidence-based and respect human rights.

[6] https://www.who.int/publications/i/item/9789240026629

[7] https://www.who.int/teams/mental-health-and-substance-use/policy-law-rights/qr-e-training; https://www.who.int/publications/i/item/who-qualityrights-guidance-and-training-tools

SIMH-2 TIMING AND BUDGET

For the period of 2025-2028 (4-years), WHO seeks USD 36 million for work with a total of 24 counties.

Country-specific programme plans (i.e., logical frameworks), and working equitably across the countries (i.e., some countries will require more / less funding than others and at different stages) will allow WHO to adapt to changing circumstances in each country. Investors can also help mitigate these challenges by allowing WHO optimal flexibility and consistent (predictable) financial support.

Table 2. SIMH-2 budget (2025-2028, 4-years) by levels of financial investment

Investment type x year (USD)	2025	2026	2027	2028	Total
Consolidating Investments (9 countries)	$ 2,565,000	$ 2,565,000	$ 2,245,740	$ 1,948,260	$ 9,324,260
Targeted Investments (12 countries)	$ 1,197,000	$ 3,192,000	$ 3,591,000	$ 1,596,000	$ 9,576,000
Intensive Investments (3 countries)	$ 4,275,000	$ 4,275,000	$ 4,275,000	$ 4,275,000	$ 17,100,000
Total SIMS -2 investment by year*	**$ 8,037,000**	**$ 10,032,000**	**$ 10,111,740**	**$ 7,819,260**	**$ 36,000,000**

**Costs inclusive of WHO PSC (13%) and UN Levy (1%). Funding will be dispersed with 70% for direct country work; and 15% each to WHO Regional and HQ offices to support country implementation and regional/global learnings.*

While the pooled funding approach is ideal for SIMH-2 to meet its goal, WHO has listened to, and learned from, existing and prospective SIMH-2 donors, who commonly express their desire to support the SIMH-2 in thematic ways. WHO is therefore open discussing alternative funding approaches in the SIMH-2, such as funding for specific countries, or thematic areas, for instance: MNS services for specific groups (e.g., adolescents, older persons), MNS conditions (e.g., depression, psychosis), or interventions (e.g., psychological interventions). SIMH-2 may also explore specific structural issues (e.g., access to medicines or workforce) or issues of growing concern (e.g., stigma, climate change, human rights).

The priority of the WHO SIMH-2 is implementation, but research could also play a role in helping the programme to reach its scale-up targets. Of particular interest, the SIMH-2 will be seeking research funding to explore:

- The monitoring of service user outcomes, which has proven costly and difficult to implement at scale
- Insights to systems-level challenges (i.e., barriers observed amongst enabling factors)
- Data collection, management and analyses in line with national health information systems
- Implementation-science methods to offer insights about the best ways to approach significant scale-up of MNS services.

SIMH-2 is also seeking support to:

- Facilitate regional cross-country learning events to maximise knowledge exchange and leadership networks between SIMH-2 and non-SIMH-2 countries
- Host at least one global SIMH-2 cross-country learning event (approx. 2026)
- Mainstream programmatic monitoring (in real-time) to systematically document achievements, learnings, gaps and needs
- Evaluate (e.g., a process review) of the SIMH to date (in 2025), and a SIMH-2 mid-and -end of term evaluation (i.e., 2026 and 2028).

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SIMH-2 INDICATORS OF SUCCESS

WHO's target for SIMH-2 is to ensure access to services for MNS conditions for 100 million more people. To monitor SIMH-2 progress two sources of data will be used:

1. indicators that jointly assess progress across all SIMH-2 countries, such as the number of people for whom MNS services are available (an assessment of 'access'), number of new cases registered for MNS services in selected facilities where increased access to services has been availed (an assessment of 'coverage'), number of people trained, and organisations engaged for implementation of activities and/or strengthened to improve capacity; and
2. indicators that monitor and evaluate progress in individual countries (linked to their country-specific designs / logical frameworks / areas of focus), such as outcome data for defined thematic areas, people reached during promotion activities, completion of reviews or updates to laws, policies or plans, system-level changes to budgets, key advocacy events, and other country highlights about systems-level transformations.

SIMH-2 IMPLEMENTATION STRATEGY

SIMH-2 will be a catalyst for transformation. In its first phase, WHO's SIMH demonstrated that even a small investment in a country has power to catalyse a host of other engagements, resources, and supports. Neither a comprehensive or enabling investment in SIMH-2 will "fix all" the challenges faced by countries with respect to mental health systems or services. However, it will serve to create pathways for long-term transformation, which can be ongoing for many years.

Each SIMH-2 country will implement work through similar stages, following a programming cycle (and logical framework) approach. WHOs 3-levels of support will oversee and manage implementation.

- **WHO Country Offices** will appoint staff to support implementation; engage with strategic partners; provide technical assistance to the government and partners to plan and implement activities; and document, monitor and evaluate activities.
- **WHO Regional Offices** will appoint regionally-based technical and implementation support staff for the SIMH-2 countries, and to optimise key strategic dialogue moments with government representatives. They will lead and facilitate country-to-country learning within each region, including both SIMH-2 and non-SIMH-2 countries (ideally, one regional learning event every 2 years).
- **WHO Headquarters (HQ)** will oversee and be accountable for achieving the SIMH-2 goal. HQ will provide technical inputs when sought by country and regional offices; oversee monitoring and evaluation, including for donor accountability; and lead the development of relevant normative guidance, technical packages, and information products.
- **Budget for WHOs 3-levels of support** will be distributed (after relevant WHO costs are deducted) to ensure ~70% of available funds go to WHO Country Offices for implementation activities, with the ~30% balance to be divided between WHO Regional and HQ offices[8].

THE TIME TO TRANSFORM FOR MENTAL HEALTH SERVICES IS NOW!

Mental health has many advocates but there continues to be limited commitments and funding for sustained implementation and scale-up of services. WHO's Special Initiative for Mental Health (SIMH) has demonstrated that relatively small investments and timely implementation can catalyse long-term, sustainable transformation. WHO has experience, knowledge, and evidence-based technical packages, to support countries to address their mental health needs. While mental health is high on the global agenda, the time to do better, do more and transform systems and services for people living with MNS conditions is now!

For further information, visit our Special Initiative for Mental Health website, or contact:

- Dévora Kestel, Director, Department of Mental Health, Brain Health and Substance Use, WHO HQ - kesteld@who.int
- Alison Schafer, Technical Officer for the WHO Special Initiative for Mental Health – WHO HQ - aschafer@who.int

[8] This split may alter slightly over the course of SIMH-2 to reflect gradual changes across WHOs 3-levels based on annual costs and needs