Mental Illness Disproportionately Impacts People in Middle and Lower Income Countries

Photo: Robin Hammond "Condemned", 2015



Mental Health; Breaking The Silence

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FAMSA 32nd General Assembly Ibadan City, Nigeria, November 18th -24th, 2018 Snapshot on MH Health: What is the implication of ignoring the burden? 1 in 4 affected worldwide (in their life time)

\$16Thealthcare costs

75% <24 years of age- A burden for our

youth

32% global treatment gap, 80% in LMICs

10-20 Years of potential life lost

Mental illness contributes to significant costs and impairments in quality of life

Diagnosis and treatment gaps persist in LMICs, particularly among youth

Mental illness disproportionately impacts people in low-middle income countries

3/4 of people suffering from mental illness live in low- and middle-income countries.



Fewer than 1 in 50 people

with severe mental disorders in these countries receive evidence-based treatment.

Less than 1% of healthcare budget is dedicated to mental healthcare



Building the infrastructure for MH care: We cannot break the silence in a care 'vacuum'

Health System

- 1. Leadership/governance commitment
- 2. Policies & Strategies
- 3. Financing
- 3. Human Resources
- 4. Infrastructure of care- Health Facility & Beyond
- 5. Medical & related Supplies +Equipment
- 6. Referral systems

Individual

s Affected

by Mental

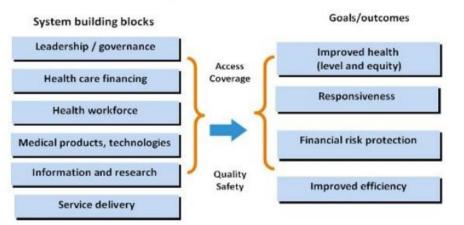
Illness

- 9. Data: Records & HMIS
- 10. Client-Provider Interaction (Quality of care)

Family and

Caregivers

Community



The WHO Health Systems Framework

Socio-

economics

+

Culture

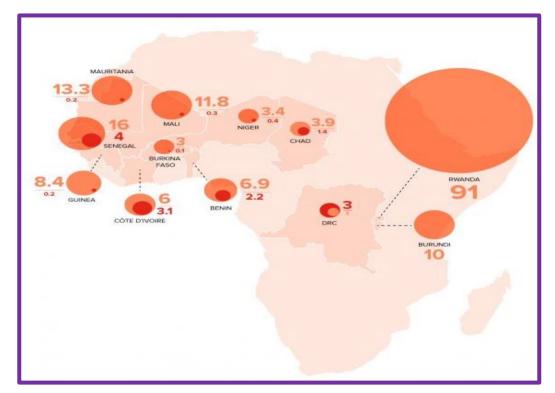
WHO MH Action Plan (2013-2020): Swimming or Treading?

Target	Goal	Achievement
1.1	80% of countries (member) with Policy	104/177 member states have updated policies
1.2	50% of countries with updated laws	94/177 Member states-updated legislation
2.0	Increase service coverage by 20%	 Unclear (<50% with reimbursement by national insurance cover) Health Insurance coverage rate <10%* in most of SSA
3.1	Prevention & promotion	Unclear
3.2	Reduce suicide rates by 10%	Unclear
4.0	80% of countries reporting on MH indicators-routine HMIS & Implementation research on MH	Unclear

SEVENTY-FIRST WORLD HEALTH ASSEMBLY : Progress Report

Financing Mental Health Services: Out of pocket not sustainable

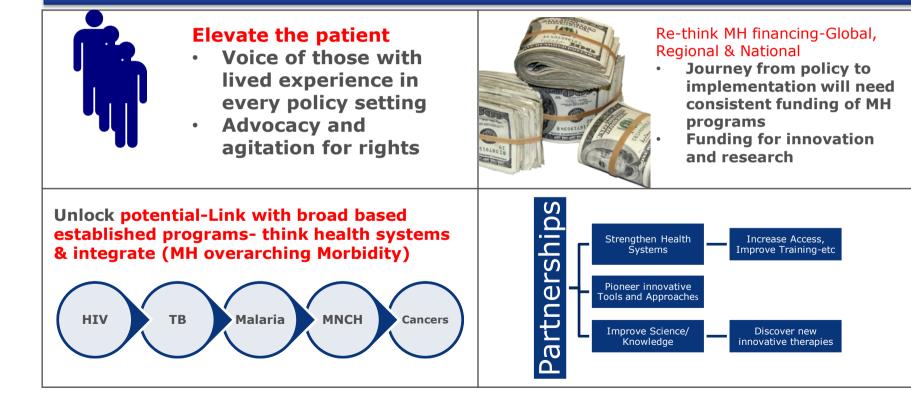
- Financing MH services will
 continue to be challenging
 >70% out of pocket payment
- Raising Health Insurance Coverage vital to sustainable financing-towards UHC
- Mixed models of insurance including community based schemes (CBHI) could be useful
- Laws against insurance discriminating against persons with chronic disorders (MH) equally vital



https://ideas4development.org/en/expanding-health-insurance/

Accelerate the momentum: From 'Silence' to making MH a public health policy priority

Solid Government Commitment/Leadership



A Bold, New Approach

COMMERCIAL

SELF-SUSTAINABLE

PHILANTHROPIC

CORE BUSINESS

Sector-specific productand solution-centric innovations that improve patient / consumer outcomes and deliver financial return via market / commercial channels

GLOBAL PUBLIC HEALTH

Cross-sector product-and solution-centric innovations that improve patient / social outcomes in resource limited settings via sustainable access models / partnerships

GLOBAL COMMUNITY

Cross-sector social impact innovation that seeks to strengthen frontline health workers and sustain healthy communities

The Healthcare Company of the Future Bringing Innovation to All, Everywhere At Same Time



Focused on Addressing Serious Unmet Need

Core Focus Areas



Jaf

J&J's Global Public Health Opportunity



Mandate and commitment to make lifesaving, curing and disease preventing innovations available, affordable and accessible



First-of-its-kind global health business model to deliver sustainable innovation



