



**Recruitment of two (2) Consultants to Develop Regional Mental Health Strategic Plan for ECOWAS Member States**

**TERMS OF REFERENCE FOR CONSULTANCY**

## Introduction

Globally, mental illness is one of the leading causes of morbidity and disability. Its effects are seen across all age groups. According to the Global Burden of Disease Study, the ranking of mental and substance use (MSU) disorders worsened from being the 11<sup>th</sup> to the 10<sup>th</sup> leading cause of disability-adjusted life years (DALYs) in Western Africa between 1990 and 2015. The age-standardized proportion of deaths due MSU disorders increased from 0.22% in 1990 to 0.38% in 2015. In terms of DALYs, the proportion increased from 2.7% to 3.9% over the same period. In those aged 15-49 years, the proportion of DALYs attributed to MSU increased from 8.25% in 1990 to 9.32% in 2015. Indeed, MSU were the second leading cause of DALYs lost in this age group.

Mental illness is associated with poverty in a vicious cycle. <sup>(1)</sup> It is associated with lack of employment, low educational level, food insecurity and financial distress. According to the social causation hypothesis, poverty increases the risk of mental illness through increased stress, social exclusion, decreased social capital, malnutrition, violence and trauma.<sup>(2)</sup> People with mental disorders are at risk of being tipped into poverty or being maintained in poverty owing to increase health costs, reduced productivity, unemployment and social stigma. Conversely, there is evidence that mental health interventions such as community-based group rehabilitation programmes, individual or group psychotherapy, residential drug-treatment programmes, and family psycho-education are associated with improved economic outcomes with increased employment rates, type and duration, improved family finances and improved ability to engage in local economic activities such as farming.<sup>(2)</sup>

Schizophrenia is associated with increased risk of mortality and morbidity. Schizophrenic persons die 20 years younger than their peers in the general population.<sup>(3)</sup> Mental disorders interact with other medical conditions in both directions. They increase the risk for communicable and noncommunicable diseases as well as intentional and unintentional injury.<sup>(4)</sup> Conversely, many medical conditions such as myocardial infarction, diabetes, HIV/AIDS, sex abuse, gynaecological disorders, maternal delivery, are associated with an increased risk of mental disorders. Mental disorders may arise as side-effects of drug treatment. This co-morbidity has implications for prevention, diagnosis, treatment, compliance and outcomes.

In spite of this burden, only little attention is paid to mental health in many parts of the world, particularly in low-income countries. According to WHO, only US\$0.25 is spent annually per person in low income countries compared with US\$2 globally.<sup>(5)</sup> Even then, two-thirds of the health expenditures is incurred by stand-alone mental health facilities which tend to be overcrowded and achieve poor health outcomes.

Following its exclusion from the millennium development goals (MDGs), mental health is now included in the Sustainable Development Goals (SDGs). Under the third of the 17 goals which focuses on ensuring healthy lives and promoting well-being for all at all ages, there are two targets which are relevant for mental health are as follows:

- By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being
- Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol

Another global initiative is the WHO Mental Action Plan 2013-2020 which provides a framework for international response to mental health.<sup>(5)</sup> Its overall goal is to promote mental well-being, prevent mental disorders, provide care, enhance recovery, promote human rights and reduce the mortality, morbidity and disability for persons with mental disorders.

The action plan has the four objectives:

1. to strengthen effective leadership and governance for mental health
2. to provide comprehensive, integrated and responsive mental health and social care services in community-based settings
3. to implement strategies for promotion and prevention in mental health
4. to strengthen information systems, evidence and research for mental health.

In West Africa, most countries have a mental health plan or policy but majority have either not implemented the plan or have only partially done so.<sup>(6)</sup> Except for Ghana, Senegal and Sierra Leone, the other countries do not have a stand-alone legislation on mental health. None of the countries with legislation have fully implemented it. There are challenges with human resources, infrastructure and data management in the management of mental health services.

There have been initiatives such as:

- the Mental Health and Poverty Project (MHaPP) involving Ghana, South Africa, Uganda and Zambia implemented in 2005-2010 to investigate the policy level interventions that are required to break the vicious cycle of poverty and mental ill-health; , in order to generate lessons” for other developing countries.
- Training of primary care workers, using the WHO Mental Health Gap Action Programme (mhGAP) tool in Nigeria Burkina Faso, Ghana, Niger, and Sierra Leone to help integrate mental health services into primary health care.<sup>(7)</sup> mhGAP helped frontline workers to manage the psychological aspects of the Ebola outbreak in Guinea.<sup>(8)</sup>
- a 2-week Mental Health Leadership and Advocacy (mhLAP) training course introduced by CBM for Anglophone countries at the University of Ibadan to improve the leadership skills for leaders and policy makers involved in mental health services.

## WAHO and Mental Health

The ECOWAS region has several fragile economies, particularly of countries that have recently come out of war. The region is increasingly becoming a transit point for illicit drugs. There are frequent outbreaks of diseases and disasters such as drought and flood which exact a psychological toll on the affected populations. These and other determinants create a favourable environment for the increased mental health disorders in the region.

WAHO recognizes the apparent neglect of mental health in national and regional health programmes. There is currently no regional strategic framework to guide national and regional actions to manage, prevent and control MSU.

Consequently, WAHO has prioritized mental health in its Strategic Plan 2016-2020. WAHO developed a regional NCD strategic plan which covers harmful alcohol use. In collaboration with the *Conseil Africain et Malagache pour l'Enseignement Supérieur* (CAMES), WAHO has harmonized the training curriculum for specialist training in psychiatry.<sup>(9)</sup>

## Objectives

The main objective is to develop a costed regional strategic plan to promote mental health and wellbeing, prevent mental disorders, and optimize the care, rehabilitation and quality of life of those with mental ill-health in the ECOWAS Region.

The specific objectives are to:

- Provide an overview of the burden and distribution of the major mental disorders (including depression, bipolar affective disorder, schizophrenia and other psychoses, dementia, and developmental disorders) in the West African region and their risk factors
- Evaluate the current response to mental and substance use disorders in the Region, documenting gaps and best practices
- Develop a costed and actionable regional strategic plan on the promotion of mental health and well-being in West Africa and the prevention and control of the MSU

Thus, the objectives are to conduct a comprehensive and publishable situation analysis of the burden and distribution of mental health disorders in the region, their causes and risk factors, the current response, a mapping of the major stakeholders involved in mental health, identify the challenges and opportunities for improved response.

## Tasks

The situation analysis will be conducted through a desktop review complemented by country visits. The analysis will *include*:

- The scope of mental and substance use disorders in the Region
- The burden, pattern and trends of the major MSU disorders. This should include the economic, human rights and social consequences of mental disorders
- The biological, psychological and social determinants of mental disorders in the Region
- Structure for management, level of horizontal integration with other programmes such as non-communicable diseases, medicines regulation agency, alcohol control within the MOH and vertical integration with sectors such as education and social welfare
- Legal and policy framework for the management, prevention and control of mental disorders
- Human resources, training and research capacity for mental health professionals
- Mapping of health and community-based facilities, logistics and supplies for management of mental disorders
- National health spending on mental health and treatment; financing mechanisms
- Best practices for treatment and care including those involving public-private partnerships, faith-based organizations, civil society
- Access, coverage, quality and cost of prevention, treatment and rehabilitation services for mental disorders in the general population, schools, workplaces, institutions and underserved populations
- The role of traditional and alternative medicine in the management of mental disorders
- System for re-integration of treated persons into society and mechanisms for reduction of stigma and discrimination

The analysis will be inspired by WAHO's Strategic Plan 2016-2020 and guided by the WHO Comprehensive Mental Health Action 2013-2020, Africa Health Strategy 2016-2030 and other international and regional resolutions. There will be a clear indication of the monitoring and evaluation of the proposed priority actions. In line with the Global Action Plan, the guiding principles are universal health coverage, human rights, evidence-based practice, life-course approach, multisectoral approach and empowerment of persons with mental disorders and psychosocial disabilities. The proposed strategies and interventions should clearly link to the findings from the situation analysis.

## Process

A team of two consultants hired as a team to work for a maximum of 40 working days, excluding travel days to selected countries. One member of the team should be designated as the Lead Consultant. He/she will be responsible for the implementation of the tasks and submission of the deliverables.

Individual Consultants with expertise in Mental Health are encouraged to apply. WAHO would consider pairing up such individual consultants to form a team of equal or non-equal Partners, depending on their expertise and experience.

## Profile of Consultants

### Summary of Tasks:

Under the overall guidance and supervision of the Director, Department of Epidemics and Disease Control, the team will be directly responsible to the Professional Officer Nutrition & NCDs. The team of consultants will develop a costed regional mental health plan for the management, rehabilitation, prevention and control of mental disorders covering the period 2018-2025.

### Education

The Lead consultant will be a Psychiatrist while his/her designated team mate will have a minimum of a Master's degree from a recognized university in Clinical Psychology, Public Health, Epidemiology, Sociology or other related field. He/she could also be a clinician, preferably with specialization in psychiatry, internal medicine, neurology or paediatrics.

### Experience and Key Competencies:

The Lead Consultant should have extensive experience and competencies which will include:

- At least 5 years of relevant professional experience with demonstrated success in managing or evaluating mental health or related programmes with at least one year experience at the international level
- In-depth knowledge and understanding of the political context and development, and health issues in the region
- Experience in the development, monitoring and evaluation of health policy, mental health strategic plan, designing and implementing strategies for the management, prevention and control of mental and substance use disorders
- Expertise in the management of mental health information systems and strategies for prevention and care of mental disorders in resource-poor settings
- Demonstrated excellent oral and written communication skills, including the ability to write various types of documents including health policy briefs, proposals, reports, and scientific papers
- Demonstrated ability to work within a multinational environment and with a diverse range of partners at the national, regional and global levels
- Good time management skills, including the ability to work towards tight deadlines, multi-task and work with a high degree of independence
- Demonstrated skills in the use of information technology

The junior Consultant in the team should have the following competencies:

- At least 3 years of relevant professional experience with demonstrated success in managing or evaluating mental health or related programmes
- In-depth knowledge and understanding of the political and socio-cultural environment which influence health issues in the region
- Experience in the development, monitoring and evaluation of health policy, strategic plan, designing and implementing strategies for the management, prevention and control of any major health problem in the region
- Expertise in the management of health information systems and strategies for prevention and care of major health problems in resource-poor settings

- Demonstrated ability to write various types of documents including health policy briefs, proposals, reports, and scientific papers
- Demonstrated skills in the use of information technology

## Language Proficiency

The team of consultants should be ECOWAS citizens and be fluent in at least one of the three languages of ECOWAS (English, French or Portuguese) and have the capacity to work in a minimum of two of these languages. This will enable the team to retrieve, analyze and interpret documents in multiple languages.

## Deliverables

The main deliverables are as follows:

1. Inception report
2. Situation analysis of mental health in West Africa
3. Costed regional mental health plan 2018-2025

## Criteria and Submission of applications:

Each application must include:

- A Letter of interest
- An updated Curriculum Vitae of the consultant(s)
- Certified copies of certificates and diplomas
- A technical proposal which provides details about the work approach and methodology

Applications should be forwarded to the following address:

Director General

West African Health Organisation

175 Avenue Dr. Ouezzin Coulibaly

01 BP 153 Bobo Dioulasso 01

Burkina Faso

Email: [offres@wahooas.org](mailto:offres@wahooas.org)

**Deadline** for receipt of Applications: **31 August 2017 at 11.00am**

**Duly qualified Female candidates are strongly encouraged to apply. Only shortlisted candidates will be contacted.**

## References

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2. Lund C, De Silva M, Plagerson S, Cooper S, Chisholm D, Das J, et al. Poverty and mental disorders: breaking the cycle in low-income and middle-income countries. *The Lancet* 2011;**378**(9801):1502-14.
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