

Comment

and clinical trials will help researchers to do efficacy trials in countries that have frequent epidemics. Monitoring for epidemiological variations in EV71 will also be crucial to determine whether the vaccine has ongoing efficacy and if any genogroup replacement has occurred. With these EV71 vaccine efficacy data published only 5 years after China made HFMD a notifiable disease in 2008, Zhu and colleagues' work provides an excellent model of how to use surveillance data to tackle a disease of significant public health importance.

**Nigel W Crawford, Steve M Graham*

Department of Paediatrics, University of Melbourne, Melbourne, Australia; and Murdoch Children's Research Institute, Royal Children's Hospital, Melbourne, 3052 VIC, Australia
nigel.crawford@mcri.edu.au

NWC has acted as chief investigator for studies sponsored by CSL and Merck; all payments are paid directly to a fund held by Murdoch Children's Research Institute. SMG declares that he has no conflicts of interest.

- 1 Zhu F-C, Meng F-Y, Li J-X, et al. Efficacy, safety, and immunology of an inactivated alum-adjuvant enterovirus 71 vaccine in children in China: a multicentre, randomised, double-blind, placebo-controlled, phase 3 trial. *Lancet* 2013; published online May 29. [http://dx.doi.org/10.1016/S0140-6736\(13\)61049-1](http://dx.doi.org/10.1016/S0140-6736(13)61049-1).
- 2 Qiu J. Enterovirus 71 infection: a new threat to global public health? *Lancet Neurol* 2008; 7: 868–69.
- 3 Xu J, Qian Y, Wang S, et al. EV71: an emerging infectious disease vaccine target in the Far East? *Vaccine* 2010; 28: 3516–21.
- 4 Solomon T, Lewthwaite P, Perera D, Cardosa MJ, McMinn P, Ooi MH. Virology, epidemiology, pathogenesis, and control of enterovirus 71. *Lancet Infect Dis* 2010; 10: 778–90.
- 5 Tan X, Huang X, Zhu S, et al. The persistent circulation of enterovirus 71 in People's Republic of China: causing emerging nationwide epidemics since 2008. *PLoS One* 2011; 6: e25662.
- 6 Lee M-S, Tseng F-C, Wang J-R, Chi C-Y, Chong P, Su I-J. Challenges to licensure of enterovirus 71 vaccines. *PLoS Negl Trop Dis* 2012; 6: e1737.
- 7 Chinese CDC. National incidence and death cases of notifiable class A or class B infectious diseases (2008–10). <http://www.chinacdc.cn> (accessed May 14, 2013).
- 8 Seiff A. Cambodia unravels cause of mystery illness. *Lancet* 2012; 380: 205.
- 9 Zhu F-C, Liang Z-L, Li X-L, et al. Immunogenicity and safety of an enterovirus 71 vaccine in healthy Chinese children and infants: a randomised, double-blind, placebo-controlled phase 2 clinical trial. *Lancet* 2013; 381: 1037–45.
- 10 Lin T-Y, Kao H-T, Hsieh S-H, et al. Neonatal enterovirus infections: emphasis on risk factors of severe and fatal infections. *Pediatr Infect Dis J* 2003; 22: 889–95.
- 11 Marshall HS, McIntyre P, Richmond P, et al. Changes in patterns of hospitalized children with varicella and of associated varicella genotypes following introduction of varicella vaccine in Australia. *Pediatr Infect Dis J* 2012; published online Dec 17. DOI:10.1097/INF.0b013e31827e92b7.
- 12 Donauer S, Payne DC, Edwards KM, et al. Determining the effectiveness of the pentavalent rotavirus vaccine against rotavirus hospitalizations and emergency department visits using two study designs. *Vaccine* 2013; published online April 12. DOI:10.1016/j.vaccine.2013.03.072.
- 13 Burchett HED, Mounier-Jack S, Griffiths UK, Mills AJ. National decision-making on adopting new vaccines: a systematic review. *Health Policy Plan* 2012; 27 (suppl 2): ii62–76.

World Health Assembly adopts Comprehensive Mental Health Action Plan 2013–2020



AFP/Getty Images

On May 27, 2013, the World Health Assembly adopted the Comprehensive Mental Health Action Plan 2013–2020¹ that has great potential to change the direction of mental health in countries around the world in the next 8 years. This action plan and the accompanying resolution—a first in the history of WHO—represent a formal recognition of the importance of mental health for WHO's 194 member states. It is also a commitment by all member states to take specified actions to improve mental health and to contribute to the attainment of a set of agreed global targets.

The action plan focuses on four key objectives: “to strengthen effective leadership and governance for mental health; provide comprehensive, integrated and responsive mental health and social care services in community-based settings; implement strategies for promotion and prevention in mental health, and; strengthen information systems, evidence and research

for mental health”¹. Building upon earlier work,^{2–5} and based upon a consultation process that involved 135 member states, 60 WHO collaborating centres and academic centres, 76 non-governmental organisations (NGOs), and 17 other organisations and individual experts in the past 12 months, consensus was reached on the key actions to be taken with respect to each of the four objectives by member states, WHO's Secretariat, and partners. Furthermore, for the first time, specific and measurable global targets and indicators have been agreed upon as a way to monitor implementation, progress, and impact. The targets include a 20% increase in service coverage for severe mental disorders and a 10% reduction of the suicide rate in countries by 2020.

The Comprehensive Mental Health Action Plan 2013–2020 is testimony to some of the shifts in thinking about mental health that have occurred over the past few years. Issues that used to be at the periphery are

Published Online
June 4, 2013

[http://dx.doi.org/10.1016/S0140-6736\(13\)61139-3](http://dx.doi.org/10.1016/S0140-6736(13)61139-3)

See [Comment](#) page 1964

now seen as central to providing an effective response to mental health problems. The plan highlights the importance of protecting and promoting human rights and includes a central role for the provision of community-based care and support. To ensure a comprehensive response to mental health, the plan introduces the notion of recovery, and moves away from a wholly medical model to address income generation and education opportunities, housing and social services, and other social determinants of mental health. The plan also highlights important actions that need to be taken around promotion of mental health and prevention of mental disorders, and to strengthen and empower civil society, especially organisations of people with mental disorders and psychosocial disability, so that they can take an active role in policy debates and decision-making processes.

Ministries of health will need to take a leadership role and WHO will work with them and with international and national partners, including civil society, to implement the plan. Much of the action outlined in the plan will take place within countries, especially in the low-income and middle-income groups where needs are high and resources inadequate.⁶ WHO will provide technical assistance to countries in line with their particular needs, and will draw upon the technical expertise of WHO collaborating centres, NGOs, academia, and other experts. A set of core indicators is being developed so that relevant data can be collected from all countries to track national, regional, and global progress, to be reported back to the World Health Assembly in 2015, 2018, and 2021.

At the root of the action plan is a vision of “a world in which mental health is valued, promoted and protected, mental disorders are prevented and persons affected by these disorders are able to exercise the full range of human rights and to access high quality, culturally-appropriate health and social care in a timely way to

promote recovery, all in order to attain the highest possible level of health and participate fully in society and at work free from stigmatisation and discrimination”.¹

Implementation of the action plan will face challenges; in particular, years or decades of inadequate investment into human and financial resources for mental health care need to be quickly reversed. Health policy planners and health professionals can help to enable this turnaround by ensuring that promoting, protecting, and restoring good mental health represents an integral part of their responsibilities. Local leaderships will need to develop to support this process. With concerted action by all stakeholders, WHO hopes to overcome these challenges and assist countries to deliver health care and other services that better conform to WHO’s definition of health,⁷ which explicitly recognises the critical place of mental and social wellbeing.

**Shekhar Saxena, Michelle Funk, Dan Chisholm*

Department of Mental Health and Substance Abuse, World Health Organization, CH-1211, Geneva, Switzerland
saxenas@who.int

We declare that we have no conflicts of interest.

- 1 WHO. Draft comprehensive mental health action plan 2013–2020. May 16, 2013. http://apps.who.int/gb/ebwha/pdf_files/WHA66/A66_10Rev1-en.pdf (accessed June 3, 2013).
- 2 WHO. mhGAP Mental Health Gap Action Programme: scaling up care for mental, neurological and substance use disorders. Geneva: World Health Organization, 2008.
- 3 Lancet Global Mental Health Group. Scale up services for mental disorders: a call for action. *Lancet* 2007; **370**: 1241–52.
- 4 Eaton J, McCay L, Semrau M, Chatterjee S, et al. Scale up of services for mental health in low-income and middle-income countries. *Lancet* 2011; **378**: 1592–603.
- 5 Collins PY, Patel V, Joestl SS, et al. Grand challenges in global mental health. *Nature* 2011; **475**: 27–30.
- 6 Saxena S, Thornicroft G, Knapp M, Whiteford H. Resources for mental health: scarcity, inequity, and inefficiency. *Lancet* 2007; **370**: 878–89.
- 7 WHO. Constitution of the World Health Organization. Basic documents, forty-fifth edition, supplement, October, 2006. Geneva: World Health Organization, 2006.

© 2013. World Health Organization. Published by Elsevier Ltd/Inc/BV. All rights reserved.