Republic of India

Positions for the World Health Programme Executive Board (WHO-EB)

**I. Addressing Mental Health Needs of Populations in Crisis**

The Republic of India (India) recognizes the mental health concerns of populations in crisis and the importance of treating and rehabilitating these populations, as well as educating and training medical workers to perceive and tend to illnesses related to mental health. India agrees with the World Health Organization (WHO) and identifies populations in crisis as those who have been, or are currently, exposed to conflicts – including but not limited to war, forced migration, disease outbreaks, and insurgencies.

**Internationally**, India has continually met the call for increased mental health education and awareness by working in accordance with the United Nation’s (UN) and WHO’s recommendations and legislation. On March 30, 2007, India was 1 of 82 opening day signatories on the Convention on the Rights of Persons with Disabilities (CRPD), which India later ratified on October 1, 2007. This treaty not only protects the fundamental human rights and dignities of persons with disabilities but also serves as the UN’s first legislative framework on addressing future mental health issues at an international level. The CRPD also laid the foundation for future legislation and organizations such as the WHO’s Mental Health Gap Action Program (mhGAP) and the WHO’s Mental Health Atlas. The mhGAP focuses on relieving Member States with populations of low- and middle-incomes by providing resources for mental, neurological, and substance use disorders. While the Mental Health Atlas collects, organizes, and rapidly disseminates data on global mental health resources, such as mental health policies, plans, financing, care delivery, human resources, medicines, and information systems. In addition, India has partnered with Member States to combat mental health concerns. India has globalized traditional therapies, such as yoga, meditation, and Ayurveda medicines for mental illnesses, as well as granted Member States access to its mental health research. India also hosts and takes part in various events such as the World Congress of Mental Health which New Delhi hosted in 2017 to take preventative measures against the impending mental health epidemic.

**Nationally**, the WHO currently estimates 7.5% of India’s population suffers from some form of mental illness. While India was one of the first Member States to recognize the need to address mental health issues with the launch of its National Mental Health Programme (NMHP) in 1982, the delayed response of other Member States created international stigmas and has thus resulted in India’s poor statistics. Despite these setbacks, the NMHP works to ensure the availability and accessibility of mental healthcare, encourage the application of mental health knowledge in healthcare, and promote individual participation and development to create a self-help environment within communities. While India originally implemented the NMHP under the District Mental Health Program (DMHP), it was later merged with the National Rural Health Missions (NRHM) in order to increase its effectiveness and funding. India also passed the National Mental Health Policy of India (NMHPI) in order to emphasize universal access to mental healthcare and the protection of those who are mentally ill. The NMHPI allowed for an enhanced understanding and strengthened response in the mental health sector at all levels.

**Regionally**, the Indian Council of Medical Research (ICMR) has worked to provide communities with decentralized and deprofessionalized mental health services through India’s general healthcare system. A 2018 study conducted by the ICMR found that suicide was the leading cause of death in India’s 15-39 age group. To counter this, the ICMR has focuses its treatment of mental health illnesses in less economically and structurally developed areas, where populations are more likely to attempt suicide. Additionally, the DMHP, with the incorporation of the NMHP and the NRHM, has been able to improve the district-wide delivery of mental health services, enhance community outreach, and attain increased budgetary allocation.

Covid-19 and its resulting prolonged periods of isolation are expected to have a negative effect on the mental health of *all* populations. **India strongly encourages** Member States to create or adopt additional legislation in order to address the mental health concerns of populations in less developed areas. India also suggests reflecting on and evaluating current policies and structures in order to ensure maximum levels of effectiveness and outreach. **India offers three concrete solutions** to combat the mental health pandemic. In Syria, the WHO was able to counter the mental health issues of a largely displaced and impoverished population through mental health awareness sessions and the implementation of recreational activities for well-being. Building on this success, **India suggests** **(1)** creating an international “tele-health,” or virtual mental health, platform to train medical workers and provide therapy to isolated populations and homebound individuals, and **(2) India** **encourages** Member States to fund recreational activities in schools to provide de-stressing academic and athletic activities for little to no cost. Independent from the WHO’s success in Syria, **(3)** **India recommends** Member States offer incentives, such as student loan forgiveness, or large tax refunds (in Member States where education is free), to medical workers if they serve a minimum of 3 years in a population where mental health workers are desperately needed. If implemented and funded properly, these solutions will address and mend the global mental health crisis.

**II. Improving Global Pandemic Response**

The Republic of India (India) recognizes the need for ample preparedness, research, funding, and rapid international communication and coordination to contain and cure current pandemics, as well as prevent potential pandemics. Historically, India has dealt with the spread of several communal diseases, including the 2015 H1N1, or “Swine flu,” outbreak. India was able to control and quickly expel this outbreak by isolating positive cases in healthcare facilities and homes, quickly categorizing cases, providing treatment to suitable individuals (positive cases and household contacts), increasing public education and awareness campaigns, and other appropriate measures such as shutting down schools with confirmed positive cases. India has built on these successes and implemented many of the same measures to combat Covid-19.

**Internationally**, India has worked with the WHO at a state and district-level to respond to past pandemics and presently during the Covid-19 outbreak. On September 11, 2020 India was 1 of 169 countries to vote in favor of the “Comprehensive and Coordinated Response to the COVID-19 Pandemic” resolution. According to the General Assembly, this resolution calls for “intensified international cooperation and solidarity to contain, mitigate and overcome the pandemic and its consequences through responses that are people-centered and gender-responsive, with full respect for human rights.” Similar programs, such as the World Health Organization’s Global Influenza Programme, have served as guide for national plans for preparedness and response in the periods before, during and after local outbreaks. In addition, the IMCR National Centre for Disease Informatics and Research and Indian Society of Clinical Research have partnered with the WHO to organize webinars focused on research and response to humanitarian emergencies. During the Covid-19 pandemic, India also restricted international travel and required medical screening, quarantining, negative RT-PCR test results, and other precautions before permitting visitors to enter the country after travel restrictions were lifted.

**Nationally**, India engaged in an early and rigorous attempt to control Covid-19 by mandating a 21-day lockdown, which was later extended multiple times before being lifted in phases. In the past, as a British colony, India’s pandemic response was controlled by the British government. In 1897, during the Black Plague outbreak, the British government introduced the Epidemic Diseases Act which involved mass sanitary measures – halting large public events, physically inspecting railway passengers, sending suspected cases to hospitals, searching homes for plague suspects, burning or demolishing property, and preventing burials or cremations. Additionally, India has repeatedly recognized social distancing as an important way to reduce the impact of previous epidemics, including the 1918 influenza pandemic. India is currently following a similar approach – shutting down schools, public spaces, malls, and asking the public to practice social distancing or home quarantine. India also halted public transportation, required face masks in public spaces, and imposed a nationwide curfew called “*Janata Curfew*.” India’s response to the current Coronavirus pandemic, also known as the “War Against Coronavirus,” has been actively supported by the WHO. India gained valuable humanitarian response experience from the devastating 2018 floods in Kerala, the 2015 “Swine Flu” outbreak, and the 2019 Nipah virus outbreak. Since then, India has invested time and money into proper emergency preparedness and outbreak response which helped the state quickly confront and control the Covid-19 pandemic. India also set up a “coronavirus awareness ring tone” to play each time someone received a call; the ring tone explains cough etiquette, lists the Covid-19 symptoms, provides the helpline number to seek medical attention, and warns against the discrimination of healthcare workers and patients infected with Covid-19.

**Regionally**, India focused on distributing massive awareness campaigns and implementing strict social distancing norms. Awareness materials were posted in all regional languages on the Ministry of Health and Family Welfare’s (MoHFW) website, and police officers closely monitored restrictions and booked anyone who was violating these guidelines. Along with strict police enforcement, drones and contract tracing apps have ensured social distancing is followed within communities.

**India encourages** Member States to reflect on their response to past and current pandemics. **India suggests** the implementation of Pandemic Workshops (PWs) at the national and international level: **(1)** Each Member State shall organize a national PW to reflect on its response to historic pandemics and the current Covid-19 pandemic to identify areas that have improved and need to improve, and **(2)** the WHO shall organize a global PW for Member States to discuss and compare responses and public awareness methodologies. These workshops shall focus on disseminating data and dismantling current stigmas such as the negative affects on tourism by explaining how short-term negative effects will become long term economic losses if Member States allow diseases to spread by waiting to report or falsifying reports. With the proper implementation of these polices and strict enforcement Member States will be better equipped to prevent and respond to future pandemics.