Policy dialogue to strengthen mental health in the Central Asian Republics

25–26 April 2023
Tashkent, Uzbekistan

Meeting report
Policy dialogue
to strengthen mental health
in the Central Asian Republics

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Meeting report
Abstract

The WHO Regional Office for Europe organized three subregional policy dialogues to provide a platform for representative of the Central Asian Republics to discuss ways to strengthen policy and practice in service of the WHO/Europe Roadmap for Health and Well-being in the Central Asian Countries. The second of these policy dialogues, held in Tashkent, Uzbekistan on 25–26 April 2023, focused on strengthening mental health systems in the subregion and was held within the frame of the pan-European Mental Health Coalition. Across the two days, countries identified main priorities for addressing mental health going forward.

Keywords
MENTAL HEALTH SERVICES, COMMUNITY, CENTRAL ASIA, HEALTH POLICY
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## Abbreviations

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<th>Abbreviation</th>
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<tr>
<td>ACE</td>
<td>adverse childhood experiences</td>
</tr>
<tr>
<td>EQUIP</td>
<td>Ensuring Quality in Psychosocial Support</td>
</tr>
<tr>
<td>ICD</td>
<td>International Classification of Diseases and Related Health Problems</td>
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<tr>
<td>ICF</td>
<td>International Classification of Functioning</td>
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<tr>
<td>IOM</td>
<td>International Organization for Migration</td>
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<tr>
<td>mhGAP</td>
<td>Mental Health Gap Intervention</td>
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<tr>
<td>PHC</td>
<td>primary health care</td>
</tr>
<tr>
<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<tr>
<td>UNAIDS</td>
<td>Joint United Nations Programme on HIV/AIDS</td>
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<tr>
<td>UNICEF</td>
<td>United Nations Children's Fund</td>
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<tr>
<td>UNODC</td>
<td>United Nations Office on Drugs and Crimes</td>
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<td>WHO</td>
<td>World Health Organization</td>
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</table>
Introduction

The Central Asian Republics face common challenges in advancing health systems and are working to increase political and societal awareness to address these challenges. Accordingly, the WHO Regional Office for Europe organized three subregional policy dialogues to provide a platform for representative of the Central Asian Republics to discuss ways to strengthen policy and practice in service of the WHO Regional Office for Europe Roadmap for Health and Well-being in the Central Asian Countries¹.

The second of these policy dialogues, held in Tashkent, Uzbekistan on 25–26 April 2023, focused on how to strengthen mental health systems in the subregion. Held within the frame of the pan-European Mental Health Coalition, the policy dialogue convened a multisectoral representation of mental health stakeholders (health ministries, service providers, civil society organizations, service users) to identify specific solutions, prioritize actions and share knowledge on three key areas:

1. transforming mental health services to make them more inclusive and accessible, including through integrating mental health into primary health care and shifting towards a community-based model of mental health services;
2. marshalling evidence-based tools and strong multisectoral partnerships to protect the mental health of children, adolescents and young people; and
3. increasing mental health literacy and reducing mental-health stigma and discrimination, including through advocacy and legislative reform.

The policy dialogue had a high-level opening plenary, including statements by the WHO Regional Director for Europe, Hans Kluge; a representative of the Ministry of Health of Uzbekistan; Director of the Division of Country Health Policies and Systems, Natasha Azzopardi Muscat; and WHO Representative in Uzbekistan, Asheena Khalakdina. The participants were also updated on the current activities and structure of the pan-European Mental Health Coalition.

Transforming mental health services

Integrating mental health into primary health care

- At the heart of mental health transformation lies a major reorganization of mental health services for care of individuals with severe mental health conditions away from psychiatric asylum institutions towards community-based mental health services.

- Societies must plan for a mixture of mental health services and supports beyond specialist services alone to ensure that the spectrum of needs are met, including self-care, non-health supports, and including integration within health services at primary health care (PHC), secondary care, and other disease specific programs.

- Integrating mental health into general health care has been a longstanding policy objective and crucial for mental health reform. Integration prioritizes equal consideration for mental and physical health, while addressing stigma, enhancing accessibility, reducing fragmentation and resource duplication, and better fulfilling people's healthcare needs.

- Mental health care at both the primary and secondary levels must be accompanied with development of community-based mental health services.

- Kazakhstan's approach to integrating mental health in PHC has helped to reduce burden of both physical disease and mental health conditions at the PHC level through:
  - redistributing the functions and roles of primary care doctors, psychologists, nurses, and social workers;
  - upskilling, including training medical practitioners and in-training personnel in mental health;
» developing multi-disciplinary networked teams, which has improved mental health service utilization in PHC and reduced pressure on referrals for specialist services;

» revising the legal structure to enable reform while simultaneously increasing number of general practitioners and training them to provide mental health care;

• Other Central Asian countries are also making headway:

» Kyrgyzstan has allocated additional funds have been allocated to support a 2018 framework for integrating mental health into PHC.

» Turkmenistan is integrating mental health services into the primary health care level using WHO Mental Health Gap Action Programme (mhGAP) intervention guide. Moreover, it has drafted a law on mental health and a national strategy and action plan for mental health covering the next five years.

Community-based mental health services

• Community-based mental health services need to be tailored for country contexts.

• Community mental health centres must combine clinical services with psychosocial support, including coordination with housing and social services and peer support.

• De-institutionalizing mental health care helps to increase accessibility, reduce stigma, protect human rights and improve outcomes and retention of care.
• The mental health care reform initiated in Trieste, Italy makes clear that while inpatient psychiatric care is an aspect of any functioning mental health care system, equal weight must be given to patients’ recovery and social integration once their crisis has passed.

• Planning for de-institutionalization is essential, such as involving service users, considering financial transitions and engaging families and communities.

• Family members of service users are often subjected to stigma by association, suggesting the need to include them in social protection models. At the same time, when appropriately trained, they play a key role in de-institutionalization.

Tools and partnerships for the mental health of children, adolescents and young people

• Youth is a critical period during which most mental health difficulties present. Protecting the mental health of children, adolescents and young people is critical in its own right and because the impacts of not receiving good quality care can be lifelong both for individuals as well as wider society and the economy.

• WHO identified over 150 tools and resources to improve the mental health of adolescents, particularly in schools, such as the Health Promoting Schools Framework and the Helping Adolescents Thrive toolkit.

• School-based interventions have demonstrated effectiveness for improving young people’s mental health, especially when they incorporate parents, teachers, and communities and are complemented by non-school-based supports.

• Preventing and responding to adverse childhood experiences (ACES) is important. Not only are ACEs linked to poor mental health and well-being, but they also have knock-on effects across society and the economy, including in the health sector. In the WHO European Region alone, ACEs are estimated to cost health systems upwards of US$500 billion.
• The perspectives, insights, and ways of knowing of young people cannot be forgotten in efforts to protect the mental health of children, adolescents and young people.

• Central Asian countries are keen to build partnerships, such as with the pan-European Mental Health Coalition, to support the multi-sectoral action needed to make sustainable health systems change.

• The perspectives, insights, and ways of knowing of young people cannot be forgotten among the diversity of perspectives needed to protect the mental health of children, adolescents and young people.

• Central Asian countries are keen to build partnerships such as with the pan-European Mental Health Coalition to support the multi-sectoral action needed to make sustainable health systems change.

### Ending stigma and discrimination

The Lancet Commission on Ending Stigma and Discrimination in Mental Health has drawn attention to the importance of this issue – however, more research is needed on stigma and its impacts in Central Asian countries.

• Kazakhstan provided a space for a person with lived experience to tell her story of losing her rights as a result of a mental health condition, and what it took to regain those rights.

  » “Complete” social exclusion occurs when a person with a physical, intellectual or psychosocial disability does not receive appropriate support due to stigmatizing institutional practices and the lack of a stable system of alternative living.

  » When people with a mental health condition lose their individual rights and status as a legal entity due to their condition, they are often denied other services and rights essential for their resilience, ability to live independently, and mental health. The absence of such resources in turn fuels further stigma and discrimination, reducing their ability to take ownership over their lives and to pursue and determine their own futures.
Kazakhstan is shifting away from discrimination and towards protection of those with mental health problems and disabilities – Between 2018 and 2020, 18 people regained legal capacity. There is still, however, too much of an ‘all or nothing’ approach where medical experts and practitioners are necessary to guarantee the rights and futures of service users. Many practitioners are hesitant to take on this responsibility.

- Media and communications platforms are not just important drivers of stigma and discrimination but are essential to reducing them. By helping to shape the narratives and language used to describe people with mental health conditions, they can create most positive and accurate portrayals to reduce negative perceptions. WHO has capacity to help with training and developing such tools.

- Central Asian countries are exploring how to reduce institutional stigmatization, such as in Uzbekistan, where they are advocating to remove people from the psychiatric register after the acute phase of their mental health crisis is over.

Partnerships and next steps

- Other United Nations agencies operating in the Central Asian countries are keen to support mental health. For example, United Nations Office on Drugs and Crime operates several pilot school-based programs to prevent drug use among young people, while the United Nations Population Fund is committed to participating in the process to preventing gender-based violence among young people.

- The WHO Collaborating Centre in Prague is ready to support Central Asian countries seeking to reform their mental health systems, focusing particularly on mental health literacy in secondary schools.

- WHO is supporting a study visit between WHO Collaborating Centre in Trieste, Italy and Central Asian countries in October 2023 aiming to advance the de-institutionalization process and progress with development of community based mental health services in the countries.

- The countries were informed about a forthcoming WHO survey to assess national mental health system capacity and encouraged to participate in the survey in order to ensure county specific support.

- Future tailored bilateral collaboration with each of the five countries will be based on the discussions that took place during this two-day meeting (more details are presented in the table below).

The two days were brought to a close with a summary of the next steps for collaboration and key priorities of the Central Asian countries for mental health development by Dilorom Tashmukhamedova, Deputy Chairperson of the Committee on Youth, Culture and Sports, Senate of the Republic of Uzbekistan; and Ledia Lazeri, Regional Advisor for Mental Health, WHO Regional Office for Europe.
# Priorities and opportunities identified by Central Asian countries

Central Asian countries offered the following priorities for developing mental health systems within a group work session on the second day.

<table>
<thead>
<tr>
<th>Transforming mental health services</th>
<th>Mental health policy</th>
<th>Protecting the mental health of children, adolescents and young people</th>
<th>Ending stigma and discrimination in mental health</th>
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<tbody>
<tr>
<td><strong>Kazakhstan</strong></td>
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<tr>
<td>Implement sustainable community-based services, shifting towards rehabilitation and recovery mindset and adoption of relevant technology</td>
<td>Develop a de-institutionalization plan for local governments</td>
<td>Conduct a survey on adverse childhood experiences (ACE) in Kazakhstan and use results to inform rehabilitation and prevention programmes</td>
<td>Introduce a new glossary for mental health</td>
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<tr>
<td>Promote cooperation between government departments, such as integration of electronic databases using depersonalized data</td>
<td>Appoint a ministerial mental health advisor in the government to elevate political commitment and form a mental health working group</td>
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<td>Develop new non-discrimination legislation and create a council to enforce it</td>
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<td>Boost the capacity of youth health centre</td>
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<td>Increase regulation of digital self-care tools</td>
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<p>| <strong>Kyrgyzstan</strong>                      |                      |                                                |                                                  |
| Continue to implement the National Mental Health Program 2018–2030 and promote intersectoral collaboration. | Monitor implementation of the National Mental Health Program 2018–2030 (at 5-year waypoint). | Integrate services at the primary care level, drawing on research from the Health Behavior in School-age Children survey and UNICEF | Raise awareness of mental health on social media. |
| Promote the integration of psychiatric services with primary health care (mhGAP intervention guide implementation) | Develop a mental health action plan for 2023–2027 | Implement WHO mhGAP module for helping children and adolescents | Create a coalition of patient organizations |
| Expand use of multidisciplinary teams, establish crisis centres | Create a single mental health platform with the involvement of parliament | Conduct a situational analysis of the mental health of young people | Educate local communities (Aksakal Society, village health committees) utilizing strategies such as: |
| Digitalize clinical protocols and implement telemedicine services | Promote better conditions for retaining investment in mental health and increase budget | Implement mental health education for nurses |   » involvement of youth organizations |
|                                         | Analyse accessibility of basic services for people on the psychiatric register | Train parents to care for children with mental disorders |   » psychoeducational videos |
|                                         |                                                |                                                |   » press brunches with journalists |
|                                         |                                                |                                                |   » development of digital platforms |
|                                         |                                                |                                                |   » development of more inclusive terminology |
|                                         |                                                |                                                |   » involvement of celebrities and public figures in discussing mental health issues |</p>
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<tr>
<td><strong>Tajikistan</strong></td>
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<tr>
<td>Continue the decentralization of mental health care and integration of mental health into PHC</td>
<td>Develop a comprehensive national mental health programme and multisectoral working group to implement it</td>
<td>Lobby the government to initiate the opening of children’s day hospitals to provide psychological assistance across the country</td>
<td>Conduct country-wide research on stigma and discrimination to aid in the development of policy and programmes</td>
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<tr>
<td>Expand the existing network of day hospitals</td>
<td>Present the results of the policy dialogue to involved government bodies under the Ministry of Health</td>
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<tr>
<td><strong>Turkmenistan</strong></td>
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<tr>
<td>Continue integration of psychiatric services into PHC, including through refresher training, monitoring and implementation of mhGAP intervention guide and the Ensuring Quality in Psychosocial Support (EQUIP) training</td>
<td>Implement the strategy and action plan on mental health</td>
<td>Development of protocols for prevention, promotion and evaluation of mental health conditions during pregnancy and postpartum</td>
<td>Engage in awareness raising activities, including through scientific conferences</td>
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<td></td>
<td>Update clinical protocols</td>
<td>Promote early diagnosis of mental health conditions in children</td>
<td>Enable patients who have recovered to be removed from the psychiatric register and return to society</td>
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<td></td>
<td>Include EQUIP and mhGAP training in educational curriculum of the Turkmen State Medical</td>
<td>Develop guidance on the management of autism spectrum disorders and how they can adapt to community environments</td>
<td>Study other countries’ experiences of involving people with mental health conditions in decision-making</td>
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<td>Research contextual adaptation of the International Classification of Diseases and Related Health Problems (ICD-11) and International Classification of Functioning (ICF)</td>
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<tr>
<td><strong>Uzbekistan</strong></td>
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<tr>
<td>Reduce the workload of PHC workers and revise job responsibilities of specialists</td>
<td>Strengthen partnerships with non-governmental organizations (NGOs) and civil society</td>
<td>Integrate social services within schools (e.g. installing social workers in school settings)</td>
<td>Work with and train media, bloggers and social media creators</td>
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<tr>
<td>Establish rehabilitation services and better patient referral mechanisms</td>
<td>Revise regulations (examinations for professional activities, employment, marriage) through harmonizing regulatory acts,</td>
<td>Train foster families, develop temporary accommodation centres for children before reintegration, establish crisis centres and introduce database of potential adoptive parents</td>
<td>Revise legislation requiring screening of intended spouses</td>
</tr>
<tr>
<td>Implement a new service model</td>
<td>Adoption and implementation of presidential decree</td>
<td>Improve parenting literacy through parenting programmes</td>
<td>Promote preventive interventions in families and communities</td>
</tr>
<tr>
<td>Train and include duties of trainers at the service level in their terms of reference</td>
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<td></td>
<td>Increase legal literacy of population and educate them on psychiatric care and the responsibilities of government departments</td>
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<tr>
<td>Introduce new approaches and tools in education</td>
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## Appendix I | Programme

### Tuesday 25 April 2023

#### Session 1: Opening

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Participants</th>
</tr>
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<tbody>
<tr>
<td>09:00–09:30</td>
<td>Welcome and opening&lt;br&gt;Welcome address&lt;br&gt;Welcome video statement&lt;br&gt;Mental Health as a part of the Health System</td>
<td>Asheena Khalakdina, WHO Representative, Uzbekistan&lt;br&gt;Representative of Ministry of Health, Uzbekistan&lt;br&gt;Hans Kluge, Regional Director, WHO Regional Office for Europe&lt;br&gt;Natasha Azzopardi Muscat, Director, Division of Country Health Policies and Systems, WHO Regional Office for Europe</td>
</tr>
<tr>
<td>09:30–10:30</td>
<td>Transformation of Mental Health Services (part of the mandate of the pan-European Mental Health Coalition and in line with the 2022 World Mental Health Report)&lt;br&gt;Scope, purpose, and objectives of the meeting&lt;br&gt;Round of introductions</td>
<td>Ledia Lazeri, Regional Adviser, Mental Health Flagship, WHO Regional Office for Europe&lt;br&gt;Elena Shevkun, Technical Officer Mental Health Flagship, WHO Regional Office for Europe</td>
</tr>
</tbody>
</table>

#### Session 2: Mental Health Service Transformation

##### Part 1: Mental Health in Primary Health Care

*Moderator: Ana Maria Tijerino Inestroza, Technical Officer, Mental Health Flagship, WHO Regional Office for Europe*

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<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Participants</th>
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</thead>
<tbody>
<tr>
<td>11:00–13:00</td>
<td>Keynote presentation: A comprehensive approach to mental health services&lt;br&gt;Mental health and primary health care – better together&lt;br&gt;Country experiences mental health in primary health care&lt;br&gt;Discussions</td>
<td>Ana Maria Tijerino Inestroza, Technical Officer, Mental Health Flagship, WHO Regional Office for Europe&lt;br&gt;Zulfiya Pirova, Technical Officer, WHO European Center for Primary Health Care, Almaty, Kazakhstan&lt;br&gt;National representatives of Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, and Uzbekistan</td>
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##### Part 2: De-institutionalization and Community Initiatives for Mental Health Care

*Moderator: Elena Shevkun, Technical Officer, Mental Health Flagship, WHO Regional Office for Europe*

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<th>Time</th>
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<th>Participants</th>
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<tr>
<td>14:00–15:30</td>
<td>Keynote presentation: on the WHO guidance on community mental health services&lt;br&gt;Example of de-institutionalization and development of Community Based Mental Health Services in Trieste, Italy and other countries&lt;br&gt;Discussion</td>
<td>Ana Tijerino, Technical Officer, Mental Health Flagship, WHO Regional Office for Europe&lt;br&gt;Claudia Battiston, WHO Collaborating Centre on Mental Health, Trieste, Italy&lt;br&gt;National representatives of Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, and Uzbekistan</td>
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</tbody>
</table>
### Session 3: Tools and Partnerships for Mental Health of Children, Adolescents and Young People
**Moderators:** Dilorom Tashmukhamedova, Deputy Chairperson of the Committee on Youth, Culture and Sports, Senate of the Republic of Uzbekistan, and Cassie Redlich, Technical Officer, Mental Health Flagship, WHO Regional Office for Europe

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<tr>
<th>Time</th>
<th>Presentation</th>
<th>Presenter(s)</th>
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<tbody>
<tr>
<td>09:00–10:30</td>
<td><strong>Keynote presentation</strong></td>
<td>Dilorom Tashmukhamedova, Deputy Chairperson of the Committee on Youth, Culture and Sports, Senate of the Republic of Uzbekistan</td>
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<tr>
<td></td>
<td>Supporting the mental health of children, adolescents and young people in community settings</td>
<td>Cassie Redlich, Technical Officer, Mental Health Flagship, WHO Regional Office for Europe</td>
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<tr>
<td></td>
<td>Prevention of an adverse childhood experience (ACE) - contribution to better mental health (available tools)</td>
<td>Jonathon Passmore, Regional Technical Officer, Violence and Injury Prevention, WHO Regional Office for Europe</td>
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<tr>
<td></td>
<td><strong>UNICEF: collaboration in area of mental health</strong></td>
<td>Gabriele Fontana, Regional Health Advisor, United Nations Children’s Fund (UNICEF)</td>
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<tr>
<td></td>
<td><strong>Discussions</strong></td>
<td>National representatives of Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, and Uzbekistan</td>
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### Session 4: Breaking barriers and revealing the impact of Mental Health Stigma
**Moderator:** Nikolay Negay, Consultant, WHO Country Office, Kazakhstan

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Presenter(s)</th>
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<tbody>
<tr>
<td>11:00–12:30</td>
<td><strong>Introduction</strong></td>
<td>Nikolay Negay, Consultant, WHO Country Office, Kazakhstan</td>
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<td></td>
<td>Video from Kazakhstan on people with lived experience</td>
<td>Nikolay Negay, Consultant, WHO Country Office, Kazakhstan</td>
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<tr>
<td></td>
<td><strong>Keynote presentation: report of the Lancet Commission</strong></td>
<td>Akmal Aliiev, WHO Collaborating Center, Czech Republic</td>
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<td></td>
<td><strong>Panel discussion: Experience from the field, including interventions of a person with lived experience and human rights lawyer</strong></td>
<td>Nikolay Negay, Consultant, WHO Country Office, Kazakhstan, Guinna Sagieva, participant in the &quot;Independent Living for People with Mental Disorders&quot; project, Aigul Shakibaeva, an expert on the rights of persons with psychosocial disabilities</td>
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<tr>
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<td><strong>Keynote presentation: focus on communication</strong></td>
<td>Jason Maurer, Consultant, Mental Health Flagship, WHO Regional Office for Europe</td>
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<tr>
<td></td>
<td><strong>Discussion</strong></td>
<td>National representatives of Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, and Uzbekistan</td>
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### Session 5: Partnerships, collaboration and next steps
**Moderator:** Ledia Lazeri, Regional Adviser, Mental Health Flagship, WHO Regional Office for Europe

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Presenter(s)</th>
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<tbody>
<tr>
<td>13:30–15:15</td>
<td><strong>Collaboration with partners within the pan-European Mental Health Coalition and beyond</strong></td>
<td>Ledia Lazeri, Regional Adviser, Mental Health Flagship, WHO Regional Office for Europe</td>
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<tr>
<td></td>
<td><strong>Highlights from partner organizations</strong></td>
<td>Representatives of partner organizations</td>
</tr>
<tr>
<td></td>
<td><strong>Country work in groups on next steps and way forward: one action each country considers committing and a roadmap for Central Asian Republics on strengthening mental health for 2023–2025</strong></td>
<td>National representatives of Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, and Uzbekistan</td>
</tr>
<tr>
<td>15:15–15:30</td>
<td><strong>Wrap up and closure</strong></td>
<td>Dilorom Tashmukhamedova, Deputy Chairperson of the Committee on Youth, Culture and Sports, Senate of the Republic of Uzbekistan, Ledia Lazeri, Regional Adviser, Mental Health Flagship, WHO Regional Office for Europe</td>
</tr>
</tbody>
</table>
Annex II | List of attendees

**KAZAKHSTAN**

Bakytschan Koishin  
Director  
Mental Health Center of Astana

Valeriya Refa  
Psychiatrist  
Information and Analytical Department  
Scientific Center of Mental Health

Gulnar Sagieva  
Participant of the project  
Independent Living for People with Mental Disorders

Aigul Shakibaeva  
Expert  
Rights of persons with psychosocial disabilities

Gulzira Nalibaevna Tazhibayeva  
Curator of the Mental Health Service  
Ministry of Healthcare of the Republic of Kazakhstan

**KYRGYZSTAN**

Elmira Shaydinovna Kalieva  
Head of Department #4  
Republican Narcology Center

Lilia Yurievna Pantaleeva  
Psychiatrist  
Associate Professor of the Department of Psychiatry and Narcology  
Kyrgyz Russian Slavic University

Nargiza Abdibaliyevna Subanova  
Leading Specialist of Primary Health Care, Department of Organization of Medical Care and Drug Policy  
Ministry of Health of the Kyrgyz Republic

Makpurat Aitmatoyna Umarova  
Head of the Drug Treatment Department  
Jalal-Abad Regional Mental Health Center

Nurgul Azhymamatova Zaynabednova  
Psychiatrist  
Kara-Suu Center of Psychiatry

**TAJIKISTAN**

Abdulvokhid Boyboboev  
Vice-Rector  
State Educational Institution Postgraduate Institute of Health Education

Dilafruz Goibova  
Researcher of the Policy and Analysis Department  
Ministry of Health and Social Protection of the Population of the Republic of Tajikistan

Farida Khudoydodova  
Deputy Director  
State Institution Republican Clinical Educational Center of Family Medicine

Nurali Sharipov  
Director  
Center for Mental Health

Nafisa Yunusova  
Associate Professor at Department of Psychology  
Tajik National University

**TURKMENISTAN**

Ayjan Atayeva  
Psychiatrist  
Consultative Department  
International Traumatology Center

Shemshat Bayramgeldiyeva  
Psychiatrist  
Department of Psychonarology  
Multidisciplinary Clinic of Turkmenbashin Balkan Velayat

Toymammet Hydroyov  
Chief Physician  
Psychoneurology Clinic  
Balkan Region

Bahar Nohurowa  
Psychiatrist  
Center for the Prevention of Drug Addiction, Alcoholism and Mental Diseases  
Ashgabat

Mahrijemal Seryayeva  
Deputy Chief Physician  
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