Report on Know Your Policy Lab - March Edition

Theme: From Policy to Practice: Integrating Mental Health into Primary Health Care Systems in Nigeria and Kenya
Date: 19th March, 2026
Venue: Conference Hall, NOIPolls Building (Hybrid Event)
Number of Attendees: Physical - 52 , Virtual - 90

Executive Summary



Group photo of the physical attendees

The March edition of the Know Your Policy (KYP) Lab Series, organized and hosted by the Women in Public Health Leadership for Africa (WiPHLA), served as a pivotal platform for critical discourse on the integration of mental health services into primary health care (PHC) systems across Nigeria and Kenya. This high-level hybrid event successfully convened a diverse and influential cohort of policymakers, medical practitioners, public health leaders, and advocates, all united by a shared commitment to bridging the

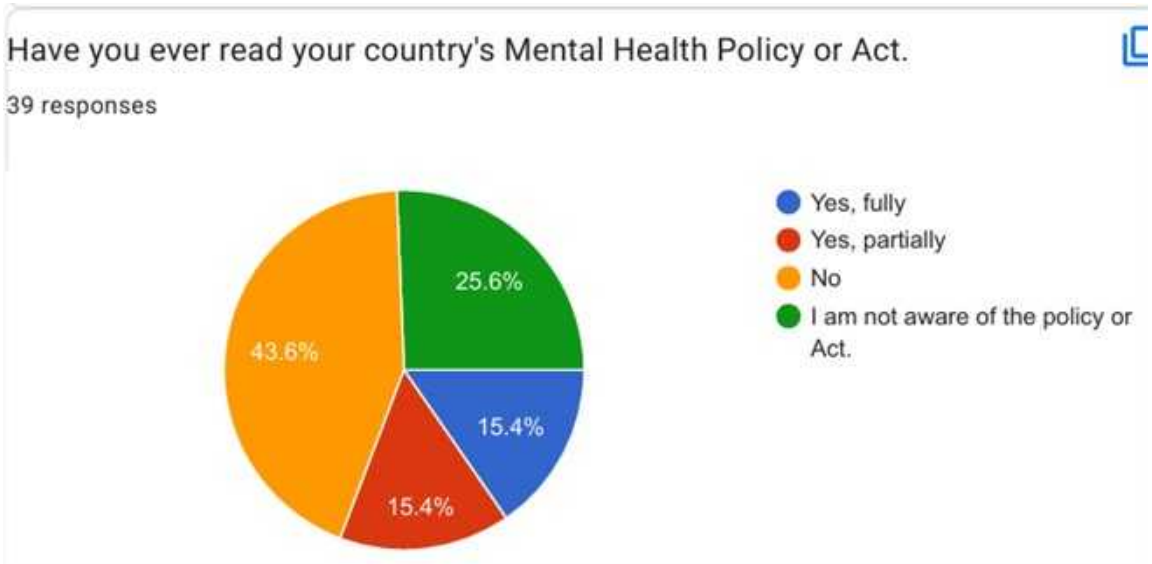
persistent chasm between mental health policy commitments and their practical, on-the-ground implementation.

The series focused on a comparative analysis of the mental health landscapes in Nigeria and Kenya, facilitating a robust, evidence-based dialogue on strategies for strengthening service integration, overcoming systemic and cultural barriers, and fostering multisectoral collaboration. The overarching objective was to propel mental health services towards greater accessibility, affordability, equity, and destigmatization throughout the African continent. This report provides an exhaustive account of the event proceedings, offers in-depth policy analyses, synthesizes keynote insights, elaborates on the panel discussions, highlights innovative practices, and concludes with strategic recommendations designed to accelerate the integration of mental health into PHC systems.

Highlights of the Event

1. Event Proceedings, Baseline Assessment and Opening Remarks

The KYP Lab Series – March Edition commenced promptly at 11:30 AM with the arrival and registration of participants, efficiently managed by the WiPHLA Secretariat team. The hybrid format allowed for both in-person engagement at the Conference Hall, NOIPolls Building, and virtual participation, maximizing reach and inclusivity. At 12:00 PM, Dr. Teresa Nwachukwu, KYP Lab Technical advisor, delivered the welcome address, officially calling the meeting to order and setting a collaborative and urgent tone for the day's proceedings. The event then proceeded with her facilitating the baseline assessment to gauge the participants' existing familiarity with their respective national mental health policies. The results from 39 respondents highlighted a significant gap in policy literacy. Afterwards, she introduced the event moderator, Dr. Amaka Haruna (Technical Advisory Council Member, WiPHLA), who then calls on Dr. Charity Usifoh Chenge to give the opening remarks.



Baseline assessment result





Snapshots of Dr. Teresa (Left) & Dr. Amaka (Right) addressing the audience

Dr. Charity Usifoh Chenge, a distinguished Co-Founder of WiPHLA, delivered the opening remarks, providing a profound and insightful context for the day's theme. Her address reiterated WiPHLA's overarching vision and highlighted the critical importance of policy comprehension in driving systemic change within the public health landscape. Dr. Charity articulated two foundational principles that serve as guiding tenets for public health advocates:

"You cannot shape what you don't understand.""You cannot influence what you cannot navigate."



Dr. Charity during her presentation

These powerful statements emphasized the core rationale behind the KYP Lab Series: to demystify complex health policies and equip practitioners and leaders with the knowledge and confidence to effectively advocate for and implement these policies at the grassroots level. She introduced the KYP Labs as an interactive platform specifically designed to accelerate leadership effectiveness through improved policy literacy. The ultimate goal, as she articulated, is to cultivate "informed confidence" among women leaders, enabling them to engage authoritatively in critical discussions, whether in ministry meetings, budget allocations, or community health planning sessions, and to lead with purpose and evidence.

Sequel to her opening remarks, Dr. Charity walked the participants through the vision, mission, and all relatables of WiPHLA as seen below;

Organizational Overview and Strategic Vision

Women in Public Health Leadership for Africa (WiPHLA) is a dynamic, inclusive, and forward-thinking forum dedicated to elevating the influence, representation, and effectiveness of women in leadership roles within the public health sector across Africa. WiPHLA's foundational vision is to cultivate "A continent with improved health systems and health outcomes shaped, influenced and catalyzed by women in public health leadership". This vision is rooted in the recognition that women bring unique perspectives and capabilities essential for addressing complex public health challenges.

Core Strategic Pillars and Operationalization

WiPHLA's mission to drive health equity is operationalized through three interconnected strategic pillars:

- **Connect and Network**: This pillar focuses on curating and enabling diverse fora among women in public health leadership. The objective is to inspire intentional and innovative solutioning for public health challenges that are unique to the African continent. By fostering strong networks, WiPHLA aims to amplify the collective impact of its members.
- **Amplify Leadership Potential**: This involves promoting a culture within the community that empowers women to be intentional about their leadership effectiveness and to proactively seek resources necessary for their leadership growth. WiPHLA supports its members in enhancing their leadership trajectories and maximizing their influence.
- **Tool and Equip**: This pillar is dedicated to amplifying the capabilities of women in public health leadership in areas such as strategic communication, policy, and advocacy. These skills are deemed essential for effectively leading emerging public health initiatives and driving positive change across the African continent.

Remarkable Growth and Progress (July 2024 – Q1 2026)

Since its inception, WiPHLA has experienced exponential growth, underscoring the critical need for its mission and the resonance of its approach within the public health community. Key metrics of this impressive growth include:

- **Membership Expansion**: The organization has witnessed a staggering 1,896% increase in community members, growing from a foundational group of 25 women in July 2024 to an expansive network of 499 members by Q1 2026. This rapid expansion highlights the widespread demand for a platform that supports and empowers women in public health leadership.
- **Global Footprint**: WiPHLA's representation has expanded by 200%, now encompassing 19 countries across four continents. This diverse geographical reach includes African nations such as Nigeria, Kenya, Ghana, Rwanda, Senegal, South Africa, and Burkina Faso, as well as international representation from countries like the USA, Canada, UK, Italy, Sweden, Australia, Switzerland,

Afghanistan, Turkey, and Indonesia. This global presence facilitates a rich exchange of ideas and best practices.

- **Governance Strength**: The organization is guided by a robust and expanding leadership structure, comprising 22 dedicated leaders across its Governing Council (GC), Technical Advisory Council (TAC), Research Working Group (RWG), and Accelerator Nexus (AN). This strong governance framework ensures strategic direction and effective execution of WiPHLA's initiatives.

2. Keynote Presentation: Bridging the Policy-Practice Gap

The central intellectual pillar of the event was the lead presentation, *"From Policy to Practice: Integrating Mental Health into Primary Health Care Systems in Nigeria and Kenya,"* delivered by Dr. Chibuzor Ogom Anoje. Dr. Anoje, a highly respected Consultant Psychiatrist, is notably recognized for her pivotal role in the development of Nigeria's National Mental Health Act of 2021. Her presentation offered a deep dive into the theoretical underpinnings and practical implications of mental health policy in the African context.

Dr. Anoje commenced her presentation by demystifying the concept of policy, particularly within the realm of mental health. She defined a mental health policy as a strategic "roadmap" that articulates a country's approach to:

- Identifying prevailing mental health problems.
- Outlining governmental plans and interventions to address these issues.
- Assigning responsibilities for implementation.
- Detailing service delivery mechanisms.
- Establishing frameworks for funding and monitoring.

She stressed that the efficacy of any policy is intrinsically linked to the robustness of its implementation framework and the sustained political will supporting its execution. A policy, in essence, is a plan designed to improve mental health outcomes.

Dr. Anoje provided an exhaustive analysis of Nigeria's landmark legislative achievement, the National Mental Health Act of 2021. This Act represents a significant paradigm shift in Nigeria's approach to mental health care. Key Provisions and Objectives of the act include;

- **Vision and Mission**: The Act envisions a Nigeria where all citizens enjoy optimal mental health and well-being. Its mission is to enhance mental health through the provision of accessible, affordable, and high-quality mental health services across the entire lifespan.
- **Human Rights and Dignity**: A cornerstone of the Act is its robust emphasis on the protection of persons with mental health conditions. It explicitly safeguards against discrimination, stigmatization, and abuse, guaranteeing fundamental rights such as employment and housing. Furthermore, it unequivocally prohibits inhumane treatments, including chaining, forced labor, and other degrading practices.
- **Primary Health Care (PHC) Integration**: A transformative aspect of the Act is the mandate to integrate mental health treatment at all levels of public healthcare, with a particular focus on community and PHC levels. This involves the establishment of interdisciplinary community mental health teams and the integration of mental health components into existing disease-specific programs (e.g., HIV, maternal health).
- **Governance and Funding**: The Act establishes a dedicated Department of Mental Health Services within the Federal Ministry of Health to coordinate national mental health programs, develop

plans, and monitor implementation. It also mandates the creation of a Mental Health Fund to ensure dedicated financial resources. Proposed funding mechanisms are diverse, including government budget allocation, health insurance coverage, and innovative "sin taxes" on alcohol, tobacco, and sugary drinks.

- **Suicide Prevention**: The Act explicitly recognizes suicide as a major public health issue, dedicating a full section to "Prevention of Premature Mortality and Suicide Prevention." It acknowledges the underreporting of suicide due to cultural stigma, religious beliefs, and legal issues. Key strategies include the decriminalization of suicide, restricting access to lethal means, responsible media reporting, school-based mental health programs, early identification of mental illness, and the establishment of suicide helplines.
- **Stakeholder Roles**: The policy explicitly states that mental health implementation cannot be achieved by the government alone, necessitating collaboration across multiple sectors and stakeholders, including State Ministries of Health, Local Government Authorities, NGOs, Civil Society Organizations, Faith-Based Organizations, Professional Bodies, Media Organizations, and communities and families.



Dr. Anoje during her presentation

Dr. Anoje then shifted to a comparative analysis, exploring Kenya's Mental Health Policy 2015–2030. This policy provides a comprehensive framework for mental health reform within Kenya. Key Provisions and Objectives include;

- **Vision and Goal**: The policy's vision is "A Nation where mental health is valued and promoted, mental disorders prevented and persons affected by mental disorders are treated without stigmatization and discrimination." Its overarching goal is "To attain the highest standard of mental health" for all Kenyans, recognizing its impact on productivity, education, social well-being, and economic development.
- **Guiding Principles**: The policy is guided by principles such as mental health as an integral part of health, a human right, equity, people-centered care, participatory approach, multi-sectoral collaboration, efficiency in health technologies, social accountability, and a life course approach.
- **Decentralized Implementation**: A key differentiator is Kenya's devolved system of governance. While the National Government is responsible for policy and national referral facilities, County Governments bear the primary responsibility for the promotion and provision of comprehensive mental health care services at the community level.
- **Multisectoral Approach**: The policy heavily relies on a "Mental Health in all Sectors" approach, advocating for integrated efforts across diverse sectors including education, labor, security,

correctional services, children services, planning, finance, legal justice system, industrialization, and agriculture.

- **Substance Use Integration**: The policy explicitly addresses the significant burden of substance use disorders, integrating their prevention, treatment, and rehabilitation into the broader mental health framework.
- **Human Resources**: Acknowledges the acute shortage of skilled mental health personnel and proposes integrating mental health training into all health worker curricula, providing in-service training, and supporting the training and recruitment of more mental health workers, including community mental health workers.
- **Financial Resources**: Highlights the underfunding of mental health services and proposes increasing budgetary allocation, establishing community health financing programs, and ensuring health insurance systems do not discriminate against persons with mental, neurological, and substance use (MNS) disorders.

Dr. Anoje's presentation showed both the commonalities and divergences in the policy approaches of Nigeria and Kenya, providing a nuanced understanding of their respective strengths and challenges.

Key Takeaways from the Keynote:

Holistic Health: Mental health is intrinsically linked to overall physical well-being. As Dr. Anoje stated, "You cannot separate mental health from overall wellbeing."

Community-First Approach: Effective mental health services must originate within the community, rather than solely relying on tertiary hospitals. This approach facilitates early intervention and alleviates the burden on specialized facilities.

Lessons from the Cameroon Model: Community-Based Mental Health

Dr. Anoje's presentation extended beyond Nigeria and Kenya to introduce the Cameroon Mental Health Model, offering a compelling case study for non-governmental implementation of mental health services. She specifically highlighted the impactful work of the Cameroon Baptist Convention Health Services (CBCHS).

The CBCHS Approach and Impact

Cameroon, like many African nations, has faced significant challenges in mental health service provision, characterized by a scarcity of psychiatrists, limited facilities, weak integration into general healthcare, and high levels of stigma. In this context, faith-based organizations and NGOs have emerged as key implementers of mental health services, with CBCHS being the most influential actor.

- **Scale and Reach**: CBCHS operates one of the largest health systems in Cameroon, making it the second-largest healthcare provider in the country after the government. This demonstrates the immense capacity of civil society organizations to contribute significantly to national health outcomes.
- **Focus on Community-Based Care**: The most important innovation of the CBCHS model is its unwavering focus on community-based mental health care. This approach involves mental health screening in communities, establishing psychological support groups, and integrating mental health support into existing PHC structures through task-shifting.

- **Proven Effectiveness**: Studies have shown that the CBCHS program significantly reduced symptom severity and improved coping skills among participants. This model provides concrete evidence that mental health care can be effectively delivered outside traditional psychiatric hospitals, directly within communities.

Lessons for Nigeria and Beyond

The Cameroon model offers invaluable lessons, particularly for countries like Nigeria, which are striving to strengthen their mental health systems:

- **Diverse Implementation Drivers**: Policy implementation does not solely depend on governmental action. Faith-based organizations, NGOs, and international partners can play a crucial role in driving and scaling mental health services.
- **Community-Centric Approach**: Mental health interventions do not need to originate in hospitals. A community-first approach, focusing on early identification and support within familiar settings, is highly effective.
- **Task-Sharing is Essential**: Given the acute shortage of mental health specialists, task-sharing, training non-specialist health workers to provide basic mental health care is a pragmatic and essential strategy.
- **Crisis Mental Health Response**: Programs must incorporate psychosocial support in emergencies and crises, recognizing the heightened vulnerability of individuals during such times.

3. Artistic Interlude: The Cultural Context of Mental Health

To enrich the clinical and policy discussions with a profound human and cultural dimension, the event featured a powerful spoken word rendition by Maryam Dalhatu, titled *"The Fear of Change."* This artistic interlude served as a poignant reminder that policy implementation must be accompanied by profound cultural and attitudinal shifts to be truly effective.



Maryam during her poetic rendition

Maryam Dalhatu's performance eloquently captured the deep-seated cultural, psychological, and historical barriers that often impede individuals from seeking mental health support in many African societies. Her words illuminated how trauma is frequently internalized and mistakenly perceived as resilience, creating a formidable obstacle to acknowledging and addressing mental health challenges.

*"In this territory, we inherited trauma and wore it so well that it looked like strength. It is easier to decorate our damage than admit there is something wrong inside, because if we let go, who are we without the pain we were taught to carry?" — **Maryam Dalhatu***

This segment powerfully highlights the necessity of integrating cultural understanding and community engagement into mental health strategies, recognizing that societal perceptions and inherited narratives significantly influence help-seeking behaviors and the effectiveness of interventions.

4. **<u>Panel Discussion: Strategies for Integration and Implementation</u>**

The core of the event's interactive engagement was a dynamic panel discussion, expertly moderated by Dr. Amaka Momah-Haruna. The panel comprised a diverse group of distinguished experts (both virtually and physically), each bringing unique perspectives to dissect the practicalities, challenges, and viable solutions for integrating mental health into PHC systems.

Panelists and Their Expertise

- **Dr. Priscilla Makau**: An esteemed expert on the Kenyan mental health context and policy implementation, offering insights into the devolved system and multisectoral collaboration.
- **Dr. Veronica Oluyemisi Nyamali**: A prominent mental health advocate and practitioner in Nigeria, focusing on systemic fragmentation and awareness.
- **Dr. Muyiwa Yoloye**: An expert on the intricate intersection of faith, culture, and psychiatric medicine, particularly relevant in the African context.
- **Dr. Adedotun Esan**: A visionary mental health innovator and the founder of Mentis.ng, specializing in digital solutions for mental health access.





A cross-section of the panelists during the panel session

Expert Perspectives and Thematic Highlights

A. The Intersection of Faith and Medicine

Dr. Muyiwa Yoloye addressed the critical intersection where traditional beliefs and faith often influence perceptions of mental illness. He emphasized that in many African communities, mental health conditions are frequently attributed to spiritual causes, leading individuals to seek help from religious leaders before or instead of medical professionals. Dr. Yoloye articulated a crucial insight:

"Faith and medicine are not mutually exclusive; they can co-exist even though not all mental health issues can be solved with faith."

This perspective was reinforced by Dr. Anoje's keynote, which advocated for collaboration with traditional and faith leaders as essential community gatekeepers. The recommendation emerging from this discussion is that mental health policies must actively engage religious and traditional leaders, training them to recognize mental health conditions and establishing clear referral pathways to PHC facilities.

B. Multisectoral Collaboration and Funding

Drawing extensively from the Kenyan experience, Dr. Priscilla Makau highlighted that health ministries cannot effectively tackle the multifaceted challenges of mental health in isolation. She emphasized the transformative power of a coordinated approach:

"Implementation is a step-by-step process in Kenya, and multisectoral collaboration has been a game changer... having all hands on deck with everyone doing something."

Dr. Makau stressed the imperative of continuous alignment between academic studies and policy frameworks. She also highlighted the urgent need to aggressively address and break through persistent funding bottlenecks, which remain a primary barrier to successful PHC integration. Her recommendation called for sustained efforts to ensure that all relevant sectors contribute to mental health outcomes and that financial resources are adequately allocated and utilized.

C. Breaking Silos and Intensifying Awareness

Dr. Veronica Oluyemisi Nyamali focused on the pervasive issue of systemic fragmentation that often hinders effective mental health care delivery. She passionately argued for a unified approach [3]:

"Awareness must be intensified, implementation must be pushed to happen, no one should work in silos because we cannot exist in vacuums."

Dr. Nyamali's insights pointed to the necessity of seamless communication and collaboration among various healthcare providers, including primary care physicians, specialized psychiatrists, social workers, and community health extension workers (CHEWs). Her recommendation emphasized that breaking down these professional silos is crucial for creating a cohesive and integrated mental health care system.

D. Attitudinal Change and Stakeholder Engagement

Dr. Adedotun Esan brought attention to the critical role of societal acceptance and attitudinal change in translating mental health policies into tangible impact. She observed that while "Attitudinal change and awareness are happening but not as fast as they should," there is a growing trend of "People and families are beginning to speak about mental health, and the media is amplifying these voices." However, she cautioned that for real impact to be seen, "people must first accept that mental health is a medical condition".

Dr. Esan's recommendation highlighted the necessity of educating key stakeholders, including teachers, tertiary institutions, employers, religious leaders, and parents, about emotional intelligence and the provisions of the Mental Health Act. She also introduced Mentis.ng (www.mentis.ng), a digital platform designed to democratize access to psychological support, as a practical tool for fostering this attitudinal shift and improving access to care.

- **Innovation in Practice: Digital Mental Health & Crisis Intervention**

Bridging the gap between mental health policy and accessible, effective service delivery necessitates innovative approaches, particularly in resource-constrained settings. The event highlighted two exemplary models: Mentis.ng for comprehensive digital mental health support and SURPIN for critical suicide prevention and crisis intervention.

Mentis.ng: A Comprehensive Digital Ecosystem for Mental Health

Presented by Dr. Adedotun Esan, Mentis.ng is a pioneering digital platform designed to address the significant "Critical Access Gap" in mental health care across Africa, where over 80% of the population lacks access to essential services. The platform operates on a dual-pronged approach, integrating a Learning Platform and a Service Platform within a comprehensive ecosystem.

Key Features and Impact:

- **Learning Platform (Knowledge that Empowers)**:
    - **Free & Paid Courses**: Offers comprehensive mental health education accessible to everyone, regardless of financial capacity.
    - **Live & Pre-recorded Sessions**: Provides flexible learning formats to accommodate diverse schedules and preferences.
    - **Third-Party Integration**: Seamlessly incorporates content from leading mental health organizations and institutions.
    - **Bespoke Training**: Develops tailored programs for specific organizational needs and workforce development.
- **Service Platform (Care that Connects)**:
    - **Multi-Tier Provider Network**: Offers access to a wide range of professionals, including counselors, therapists, psychologists, and psychiatrists, all in one centralized location.
    - **Secure Telehealth**: Facilitates private, encrypted video consultations, effectively removing geographical barriers to care.
    - **End-to-End Management**: Provides integrated booking, payments, session reports, and referrals for seamless care coordination.
    - **Quality Assurance**: Ensures that all professionals are vetted, with verified credentials and continuous performance monitoring.

Mentis.ng's vision is to make mental health support as accessible as primary healthcare in Africa, fostering increased awareness, accessible care, a strengthened workforce, and reduced stigma. It is positioned as more than just a platform; it is a movement to transform how mental health is learned and accessed across the African continent.

SURPIN: A Lifeline for Suicide Research and Prevention in Nigeria

The Suicide Research and Prevention Initiative (SURPIN), founded in 2017, was highlighted as a leading non-profit organization in Nigeria dedicated to preventing suicide through a multifaceted approach encompassing research, education, and 24-hour crisis intervention. SURPIN's work is particularly critical given the cultural stigma and underreporting of suicide in Nigeria, as noted in the National Mental Health Act 2021 .

Mission and Services:

- **Multidisciplinary Support**: SURPIN boasts a multidisciplinary team comprising psychiatrists, clinical psychologists, and social workers. This team provides free, confidential support, including counseling and mental health services, across more than 29 states in Nigeria.
- **Key Focus Areas**: Their primary objectives include suicide prevention, raising mental health awareness, and actively combating stigma, with a particular focus on youth and other high-risk groups.
- **Activities**: SURPIN engages in various impactful activities, such as monthly 'Time Out with SURPIN' sessions, conducting vital research projects, and organizing annual conferences to foster dialogue and disseminate knowledge.
- **24/7 Crisis Helplines**: A cornerstone of SURPIN's life-saving work is its provision of immediate, confidential assistance through dedicated 24/7 helplines. These numbers serve as critical resources for individuals in distress:
    - **0800 078 7746**
    - **0903 440 0009**

SURPIN exemplifies how dedicated organizations can act as vital lifelines, providing essential support and interventions that complement governmental policies and fill critical gaps in mental health service delivery. The emphasis on these helplines during the event underscored their immediate and tangible impact on suicide prevention efforts.

Strategic Recommendations for Policy Implementation

Synthesizing the rich insights from the keynote presentation, the comparative policy analyses, and the dynamic panel discussions, the following strategic recommendations are proposed to accelerate the effective integration of mental health into PHC systems in Nigeria and Kenya, and by extension, across Africa:

- **Enhanced Capacity Building for PHC Workers (Task-Sharing)**: Implement mandatory, continuous, and standardized mental health training modules for all primary healthcare workers (e.g., nurses, midwives, Community Health Extension Workers - CHEWs). This training should equip them to effectively screen, diagnose, and manage common mental health conditions (such as depression, anxiety, and mild psychosis) at the community level, reserving specialist referrals for complex cases, in line with the WHO's Mental Health Gap Action Programme (mhGAP).

- **Ring-Fenced and Diversified Funding**: Governments must move beyond mere policy rhetoric by establishing and strictly maintaining dedicated mental health funds, as stipulated in the Nigerian Act. Additionally, innovative funding mechanisms, such as "sin taxes" on alcohol, tobacco, and sugary drinks, should be actively pursued and implemented. County-level budgetary allocations for mental health, as required in Kenya, must be ensured and protected from diversion.
- **Formalized Community Gatekeeper Engagement**: Establish formal partnerships and collaboration frameworks with religious leaders, traditional healers, and community elders. These influential figures should receive basic training in psychological first aid, mental health awareness, and clear referral protocols to local PHC centers. This approach leverages existing community structures to reduce stigma and facilitate early help-seeking.
- **Aggressive Public Awareness and Anti-Stigma Campaigns**: Launch sustained, culturally sensitive, and linguistically appropriate public health campaigns. These campaigns should aim to destigmatize mental illness, educate the populace about their rights under new mental health laws, and promote mental well-being. The media should be actively engaged to amplify these messages and normalize conversations around mental health.
- **Leveraging Digital Health for Expanded Reach**: Actively support, integrate, and scale digital health platforms (such as Mentis.ng) into the national health infrastructure. These platforms can significantly expand access to mental health services, particularly among youth and in remote or underserved rural areas, by offering tele-psychiatry, online counseling, and educational resources.
- **Decriminalization of Suicide and Crisis Intervention**: Advocate for and implement the decriminalization of suicide attempts, as proposed in Nigeria's Act, to encourage individuals in distress to seek help without fear of legal repercussions. Simultaneously, widely publicize and support 24/7 crisis helplines, such as those provided by SURPIN (0800 078 7746 / 0903 440 0009), ensuring they are accessible and well-resourced.
- **Robust Data Collection and Monitoring Systems**: Establish and strengthen Mental Health Information Systems (MHIS) to systematically collect data on prevalence, service utilization, treatment outcomes, and policy implementation progress at the PHC level. This data is crucial for evidence-based planning, resource allocation, and accountability.
- **Intersectoral Collaboration Beyond Health**: Foster genuine intersectoral collaboration by engaging ministries and departments beyond health, including education, social welfare, justice, and labor. This ensures that mental health considerations are integrated into broader social and economic development agendas, addressing the social determinants of mental health.

5. Conclusion

At the end of the event, certificates of appreciation were issued to all speakers, and group photos were taken. In summary, this edition served as a powerful testament to the critical pathways required to elevate mental health from a marginalized issue to a central, integrated component of primary health care across Africa. The comparative analysis of Nigeria's National Mental Health Act 2021 and Kenya's Mental Health Policy 2015-2030, alongside insights from the Cameroon Model, vividly demonstrated that while robust legislative and policy frameworks are indispensable first steps, true and sustainable progress hinges on a confluence of factors: decentralized and community-centric implementation, genuine multisectoral collaboration, adequate and diversified funding, and profound societal attitudinal shifts.

The discussions highlighted the imperative of human rights protection, the strategic value of digital innovations like Mentis.ng, and the life-saving role of crisis intervention organizations such as SURPIN. By continuing to empower women leaders in public health, WiPHLA is playing an indispensable role in

ensuring that these progressive policies translate into tangible, equitable, and life-saving practices for communities throughout the continent. The journey from policy to practice is complex, but with concerted effort, strategic partnerships, and unwavering commitment, the vision of accessible and destigmatized mental health care in Africa is within reach.