

KAMPALA DECLARATION:

Making Mental Health Integration a Development Priority in East Africa

Kampala, Uganda

October 2026

WE, THE MINISTERS RESPONSIBLE FOR HEALTH AND REPRESENTATIVES OF THE EAST AFRICAN COMMUNITY PARTNER STATES, MEETING IN KAMPALA, UGANDA, AT THE SECOND EAST AFRICAN MENTAL HEALTH SUMMIT,

Recalling the Treaty for the Establishment of the East African Community and the commitment of Partner States to strengthen regional cooperation for the improvement of the health and well-being of the peoples of East Africa;

Recalling further that under Article 118 of the treaty the Partner States have undertaken, among other things, to take joint action towards the prevention and control of communicable and non-communicable diseases and to harmonise national health policies and regulations;

Aligned with the East African Community Health Sector Strategic Plan (2024–2030), the East African Community Vision 2050, the WHO Comprehensive Mental Health Action Plan 2013–2030, the 2030 Agenda for Sustainable Development, the Political Declaration of the Fourth United Nations High-Level Meeting on the Prevention and Control of Noncommunicable Diseases and the Promotion of Mental Health and Well-being, and the 2025 Kampala Call to Action;

Reaffirming the right of every human being, without distinction of any kind, to the enjoyment of the highest attainable standard of physical and mental health as guaranteed by Article 16 of the African Charter on Human and Peoples' Rights and recognizing that health is a precondition for, and an outcome and indicator of, all three dimensions of sustainable development [Environmental, Social, and Economic Pillars].

Recalling the African Union's Agenda 2063, the Africa Health Strategy 2016–2030 and the Abuja Declaration of 2001, in which African Heads of State and Government pledged to allocate at least 15 percent of annual government budgets to health;

Affirming that achieving universal health coverage is essential for promotion of mental health and well-being through integrated, sustainable, resilient and well-financed health systems founded on a primary health care approach;

Recognizing that mental health conditions affect close to one billion people worldwide and that mental health conditions commonly coexist with infectious diseases and other noncommunicable diseases and conditions.

Concerned that East Africa bears a disproportionate burden of mental health conditions resulting from poverty, humanitarian emergencies, armed conflict, forced displacement, gender-based violence, substance use, conflict, climate change, infectious diseases, demographic change, rural to urban migration, unemployment, homelessness, and persistent inequities in access to care;

Cognizant that children, youth and adolescents, women, refugees, internally displaced persons, persons with disabilities, older persons, and people living in rural and underserved communities experience particular barriers to accessing quality mental health services;

Acknowledging that mental health conditions prevent people and communities from reaching their full potential, pose a heavy economic burden, limit human capital development, can undermine the sustainability and resilience of health systems and compound cycles of poverty and community and individual disadvantages;

Anchored in the knowledge that mental health is fundamental to social cohesion, human capital development, peacebuilding, economic growth, and sustainable development throughout the East African Community;

Recognizing the important role of families, communities, civil society, faith leaders, traditional leaders and alternate care providers, persons with lived experience, researchers, workers, academia, and development partners in promoting mental health and well-being;

We therefore declare our shared commitment to accelerate action to make mental health integration a regional development priority.

WE COMMIT TO:

1. Strengthening political leadership

Strengthen national leadership, governance and accountability for mental health through whole-of-government and whole-of-society approaches, ensuring that mental health is incorporated into national development strategies, universal health coverage reforms, health legislation, emergency preparedness and response plans, and multisectoral policies and coordination mechanisms.

Reviewing and repealing legislation, policies and outlawing practices that criminalize attempted suicide, and replacing with legislation, policies, and practices that provide people experiencing suicidal distress with appropriate mental health and psychosocial support services and care.

2. Accelerating integration into primary health care

Take actions towards ensuring a primary health care approach as a resilient foundation to achieve universal health coverage, including through task-sharing and capacity building for primary and community health workers.

Expand integrated, person-centred, community-based mental health services by strengthening prevention, early identification, treatment, rehabilitation, referral systems, recovery services, inclusion of essential mental health medicines and service in universal health coverage packages, and continuity of care.

Support shifting, as appropriate, mental health care and resources from specialized institutions to primary health care services delivered in community-based settings.

3. Increasing sustainable investment

Create or sustain a dedicated budget line for mental health in the national budget. Progressively increase domestic resource allocation for mental health to at least two percent of the national health budget and strengthen financial protection of individuals, families and communities.

Mobilize additional public, private, regional and international resources to support implementation while promoting efficient, equitable, innovative, and sustainable financing mechanisms.

4. Promoting mental health across all sectors

Advance mental health integration across education, maternal and child health, HIV and tuberculosis programmes, noncommunicable disease services, sexual and reproductive health, gender-based violence response, workplaces, correctional services, peacebuilding, humanitarian response, climate change, protection of refugees and internally displaced persons, housing, justice systems, and social protection programmes.

Recognize mental health as a shared responsibility across government and strengthen institutional multisectoral coordination mechanisms for effective policy execution.

5. Empowering communities

Strengthen community-led approaches that meaningfully engage families, caregivers, community health workers, social workers, case workers, prisons and police personnel, traditional and faith leaders, youth, women, persons with disabilities, including persons with lived experience of mental health conditions as active partners in policy design, governance and delivery.

Promote culturally responsive approaches that reduce stigma, combat discrimination, and encourage help-seeking while respecting human dignity and human rights.

Establish institutional mechanisms to support the mental health, psychosocial well-being, and protection of front-line health workers, humanitarian personnel, and community volunteers.

6. Protecting people in humanitarian and climate emergencies

Integrate the provision of mental health and psychosocial support into emergency and pandemic prevention, preparedness and response, and humanitarian response frameworks.

Strengthen resilient health systems capable of maintaining essential mental health services before, during and after emergencies, ensuring functional cross-border referral mechanisms and continuity of care for refugees, internally displaced persons, and communities affected by conflict or climate disaster.

7. Advancing research, innovation and digital transformation

Strengthen research, surveillance, implementation science and evidence generation through locally led research and harmonized regional indicators.

Promote digital- and tele-mental health, interoperable information systems and locally developed innovations that expand equitable access while safeguarding privacy, protecting personal data, and upholding human rights.

Ensure inclusion of mental health indicators into national data collection and management information systems.

8. Promoting accountability and regional cooperation

Strengthen collaboration among East African Community Partner States through policy harmonization, workforce development, knowledge exchange, regional learning networks, and cross-border cooperation.

Support the establishment of regional programs to monitor implementation of this Declaration and promote mutual accountability.

WE FURTHER RESOLVE TO:

Contribute to the global commitment to accelerate progress over the next five years toward **150 million more people having access to mental health care by 2030.**

Promote the meaningful participation of persons with lived experience in policy development, implementation, monitoring and evaluation.

Promote evidence-based, culturally appropriate, rights-based mental health policies that leave no one behind.

Strengthen regional cooperation through the East African Community and collaboration with the African Union, WHO, Africa CDC, development partners, academia/universities, civil society, and the private sector.

Share the progress towards a Regional Mental Health Policy, at the 7th Global Ministerial Mental Health Summit to be hosted by the Republic of Rwanda in Kigali in March 2027.

Implementation

To ensure implementation of this Declaration, we resolve to:

1. Undertake to lay this Declaration before the East African Legislative Assembly and our respective national parliaments and to brief the parliamentary committees responsible for health and social services, in order to garner parliamentary debate and public awareness on mental health;
2. Encourage every East African Community Partner State to establish a multisectoral mental health coordinating mechanism and develop or strengthen costed, multisectoral national mental health plans aligned with this Declaration.
3. Establish a regional platform and technical working group for MHPSS to harmonize indicators, promote technical cooperation, monitor regional progress, share mutual learnings, and report outcomes to the EAC Sectoral Council of Ministers of Health. Encourage regular reporting on implementation through appropriate East African Community health sector coordination mechanisms.
4. Promote regional collaboration in workforce development, research, digital innovation, and mental health financing.
5. Review collective progress at future East African Mental Health Summits and other appropriate regional ministerial meetings.
6. Ensure meaningful participation of civil society, including community-based organization, young people, and people with lived experience, in the implementation and review of the Declaration.

Further recognising that the Council of Ministers is the policy organ of the Community and generates the budget of the Community for approval and appropriation by the East African Legislative Assembly, and that Acts of the Community are enacted by the Assembly and assented to by the Heads of State, we:

1. Agree that the commitments in this Declaration will serve as guiding principles and priority areas for an East African Community Regional Mental Health Policy;
2. Undertake to submit this Declaration through the Ministers responsible for East African Community Affairs of our respective Partner States for consideration at the next Sectoral Council, Council of Ministers; -
3. The chairperson council of Ministers of the EAC will transmit the policy to other members of council during the next seating of the council of Ministers.
4. The chairperson of committees responsible for EAC Affairs in the various national assemblies/parliaments will table the declaration. They will work with other committees in championing the aspirations, legislations, budgeting and promotion of this mental health declaration in their assemblies.
5. Recommend that the Council of Ministers direct the Secretariat to develop, in consultation with all Partner States, a costed Regional Mental Health Policy that sets common standards and indicators while respecting national delivery models;
6. Recommend that the Council of Ministers direct the Secretary General to make provision in the budget of the Community for the development of the Regional Mental Health Policy, including the work of the Technical Working Group and national consultations;
7. Invite the East African Legislative Assembly, in its consideration of the budget of the Community, to support that provision and to include oversight and public engagement on mental health in its own programme;

8. Recommend that, following the adoption of the Regional Mental Health Policy, the Council of Ministers together with the assembly initiate an East African Community Mental Health Bill under Article 14(3)(b) of the Treaty to give legal effect to the common standards agreed in the Policy;
9. Request the Ministers responsible for East African Community Affairs, as ex officio Members of the East African Legislative Assembly, to lay this Declaration before the Assembly;

Final Declaration

We affirm that mental health is fundamental to human well-being, equity, social cohesion, economic prosperity and sustainable development.

We recognize that the time to act is now.

Together, we commit to moving from commitment to implementation, from fragmented efforts to coordinated regional action, and from aspiration to measurable progress, so that every person in East Africa can enjoy the highest attainable standard of mental health and well-being.

Adopted in Kampala, Republic of Uganda

22nd October 2026

Signed by the EAC Ministers Responsible for Health and EAC Ministers