

Horizontal and diagonal collaborations between agencies and individuals focusing on HIV/AIDS care and cancer prevention could open new vistas for expanding availability of care for women at risk of one or both of these conditions, thereby ensuring wider programme impact. The conjoint contributions of such collaborations may be larger than the sum of their parts. ■

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Evaluation of the WHO Assessment Instrument for Mental Health Systems

We read with interest the recent paper by Hamid et al. on the WHO Assessment Instrument for Mental Health Systems (WHO-AIMS),¹ an instrument that we are pleased to have developed and that fills a major gap in this field.^{2,3} We thank the authors for their interest and their mostly positive appraisal of WHO-AIMS.

We would like to note that the primary objective of the WHO-AIMS project is to enable countries to generate information on the strengths and weaknesses of their mental health system to facilitate improvement of services. Through a WHO-AIMS assessment, countries are enabled to develop information-based mental health plans with clear baseline information and targets, and to monitor progress in implementing reform policies.

Given the objective of the project, the WHO-AIMS instrument has been designed to be used by a local team for comprehensive assessment of the country's mental health system (or an assessment of a region within the country). A complete assessment using WHO-AIMS usually takes 3 to 6 months and involves an iterative process of checking and triangulating data between the local team and the ministry of health (which is the source of many critical elements of the assessment). This work is carried out with continuous and substantial technical support from WHO headquarters, regional and country offices. The final report is jointly published by the WHO country office and the ministry of health. WHO has now published WHO-AIMS assessments on 36 countries (available at: http://www.who.int/mental_health/who_aims_country_reports/en/index.html).

Though the Hamid et al. paper does not provide details of the method-

ology followed in collection of WHO-AIMS data, it appears that the authors were not able to use the recommended WHO-AIMS method.⁴ Also, the paper gives data for just a few indicators out of 155 included in the instrument. In view of these limitations, we believe that this paper provides a less than adequate basis for evaluation of this instrument.

WHO will soon publish a report on available WHO-AIMS data from a large number of countries. This report is likely to provide a more adequate basis to evaluate this instrument. ■

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