



Ethiopia

GENERAL INFORMATION

Ethiopia is a country with an approximate area of 1104 thousand square kilometers (UNO, 2008). The population is 84,975,606 and the sex ratio (men per hundred women) is 99 (UNO, 2009). The proportion of the population under the age of 18 years is 50% and the proportion above age 60 is 3% (UNO, 2009). The literacy rate is 62% for men and 39% for women (UN Statistics, 2008). The life expectancy at birth is 56 years for males and 59 years for females (UNO, 2005-2010). The healthy life expectancy at birth is 49 years for males and 59 years for females (UNPD, 2010). The country is in the low income group (based on 2010 World Bank criteria). The total expenditure on health as a percentage of gross domestic product is 4.26% and the per capita government expenditure on health (PPP int. \$) is \$16.0 (WHO, 2006). Suicide rate information is not available. In Ethiopia, neuropsychiatric disorders are estimated to contribute to 5.8% of the global burden of disease (WHO, 2008).

GOVERNANCE

An officially approved mental health policy does not exist. However, mental health is specifically mentioned in the general health policy.

A mental health plan does not exist.

Dedicated mental health legislation does not exist and legal provisions concerning mental health are not covered in other laws (e.g. welfare, disability, general health legislation etc.).

Note: A national mental health policy is currently under development and a mental health plan will be a component of this policy.

FINANCING

Mental health expenditures by the government health department/ministry are not available. Mental hospital expenditures are more than 85% of the total mental health budget.

Note: Total expenditures allocated for the mental hospital by the government was 23,301,500 Ethiopian Birr, with 12,301,000 Birr as part of the recurrent budget, and 11,060,500 Birr as part of the capital budget. This budget was found to be unsatisfactory in meeting the mental health resource needs of Ethiopia.

MENTAL HEALTH CARE DELIVERY

Primary Care

Prescription regulations authorize primary health care doctors to prescribe and/or to continue prescription of psychotherapeutic medicines. Similarly, the department of health authorizes primary health care nurses to prescribe and/or to continue prescription of psychotherapeutic medicines, but with restrictions.

However, official policy does not permit primary health care nurses to independently diagnose and treat mental disorders within the primary care system.

Data collected in 2011

UN = information unavailable, NA = item not applicable

The majority of primary health care doctors have not received official in-service training on mental health within the last five years. However, the majority of primary health care nurses have received official in-service training on mental health within the last five years. Officially approved manuals on the management and treatment of mental disorders are not available in the majority of primary health care clinics. Official referral procedures for referring persons from primary care to secondary/tertiary care exist, as do referral procedures from tertiary/secondary care to primary care.

Mental Health Services

Availability of mental health facilities

	Total number of facilities/beds	Rate per 100,000 population	Number of facilities/beds reserved for children and adolescents only	Rate per 100,000 population
Mental health outpatient facilities	57	0.07	2	0.002
Day treatment facilities	3	0.004	3	0.0004
Psychiatric beds in general hospitals	32	0.04	UN	UN
Community residential facilities	1	0.001	UN	UN
Beds/places in community residential facilities	168	0.2	UN	UN
Mental hospitals	1	0.001	UN	UN
Beds in mental hospitals	300	0.35	UN	UN

Access to care

	Rates per 100,000 population)	Females (%)	Under age 18 (%)
Persons treated in mental health outpatient facilities	114.79	20%	1%
Persons treated in mental health day treatment facilities	0.91	49%	100%
Admissions to psychiatric beds in general hospitals	UN	UN	UN
Persons staying in community residential facilities at the end of the year	0.20	37%	0%
Admissions to mental hospitals	2.02	32%	5%

Long term care in mental hospitals (% of persons staying):

Less than 1 year	98%
More than 1 and less than 5 years	1%
More than 5 years	1%

Data collected in 2011

UN = information unavailable, NA = item not applicable

HUMAN RESOURCES

Workforce and training

	Health professionals working in the mental health sector Rate per 100,000	Training of health professions in educational institutions Rate per 100,000
Psychiatrists	0.04	0.04
Medical doctors, not specialized in psychiatry	0.0	0.0
Nurses	0.59	0.54
Psychologists	0.02	0.02
Social workers	0.004	0.004
Occupational therapists	0.0	0.0
Other health workers	0.03	NA

Informal human resources (Family and User Associations)

	User	Family
Present in the country?	No	Yes
Number of members	NA	UN
Participation in the formulation/implementation of policy/plan/legislation?	NA	Not routinely

MEDICINES

Expenditures for medicines for mental and behavioral disorders at country level

Type of Medicines	Expenditures at country level per year and per 100,000 population (in USD)
All the psychotherapeutic medicines ¹	UN
Medicines used for bipolar disorders ²	148
Medicines for psychotic disorders ³	399
Medicines used for general anxiety ⁴	1,092
Medicines used for mood disorders ⁵	174

¹ N03AG01, N05A, N05B, N05C, N06A

² N03AG01, N05A, N05B, N05C, N06A

³ N05A (excluding N05AN)

⁴ N05B & N05C

Data collected in 2011

UN = information unavailable, NA = item not applicable

INFORMATION SYSTEMS

	Data on number of people/ activities are collected and reported	Data on age and gender are collected and reported	Data on patient's diagnosis are collected and reported
Persons with mental disorders treated in primary health care	Yes	Yes	Yes
Interventions (psychopharmacological and psychosocial) delivered in primary health care for people with mental disorders	Yes	No	No
Persons treated in mental health outpatient facilities	Yes	No	No
Contacts in mental health outpatient facilities	No	No	No
Persons treated in mental health day treatment facilities	Yes	No	Yes
Admissions in general hospitals with psychiatric beds	No	No	No
Admissions in mental hospitals	Yes	No	Yes
Days spent in mental hospitals	Yes	No	No
Admissions in community residential facilities	Yes	No	No

Note: Mental health data (either on the public system, private system, or both) have been compiled for general health statistics in the last three years, but not in a specific mental health report.

OTHER INFORMATION

The organization of Ethiopia's mental health resources are dependent on the country's mental hospital, which is under the Ministry of Health, and is the nation's mental health authority. In this capacity, the mental hospital supervises all mental health services in Ethiopia. The hospital also provides feedback and advice to the government on mental health services. Additionally, it provides training, service planning and monitors the quality of mental health resources in the country, and is responsible for organizing the national mental health policy.

⁵ N06A

Data collected in 2011

UN = information unavailable, NA = item not applicable