



Madagascar

GENERAL INFORMATION

Madagascar is a country with an approximate area of 587 thousand square kilometers (UNO, 2008). The population is 20,146,442 and the sex ratio (men per hundred women) is 99 (UNO, 2009). The proportion of the population under the age of 18 years is 47% and the proportion above age 60 is 3% (UNO, 2009). The literacy rate is 73% for men and 68% for women (UN Statistics, 2008). The life expectancy at birth is 64 years for males and 67 years for females (UNO, 2005-2010). The healthy life expectancy at birth is 51 years for males and 67 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 4.14% and the per capita government expenditure on health (PPP int. \$) is \$18.0 (WHO, 2006). Suicide rate information is not available. In Madagascar, neuropsychiatric disorders are estimated to contribute to 7.9% of the global burden of disease (WHO, 2008).

GOVERNANCE

An officially approved mental health policy exists and was approved or most recently revised in 2005. Mental health is specifically mentioned in the general health policy.

A mental health plan exists and was approved or most recently revised in 2008. The mental health plan components include:

- Timelines for the implementation of the mental health plan.
- Shift of services and resources from mental hospitals to community mental health facilities.
- Integration of mental health services into primary care.

Dedicated mental health legislation exists and it was initiated or most recently revised in 2008. Legal provisions concerning mental health are also covered in other laws (e.g., welfare, disability, general health legislation etc.). Updated legislation has been drafted and submitted to the Prime Minister before submission to the National Assembly.

FINANCING

Mental health expenditures by the government health department/ministry are not available.

MENTAL HEALTH CARE DELIVERY

Primary Care

Prescription regulations authorize primary health care doctors to prescribe and/or to continue prescription of psychotherapeutic medicines. The department of health authorizes primary health care nurses to prescribe and/or to continue prescription of psychotherapeutic medicines, but with restrictions. Official policy enables primary health care nurses to independently diagnose and treat mental disorders within the primary care system.

The majority of primary health care doctors have received official in-service training on mental health within the last five years. The majority of primary health care nurses have not received official in-service training on mental health within the last five years. Officially approved manuals on the management and

Data collected in 2011

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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	UN	UN	UN	UN
Day treatment facilities	UN	UN	UN	UN
Psychiatric beds in general hospitals	145	0.72	UN	UN
Community residential facilities	UN	UN	UN	UN
Beds/places in community residential facilities	UN	UN	UN	UN
Mental hospitals	1	0.0	0	0.0
Beds in mental hospitals	120	0.6	UN	UN

Access to care

	Rates per 100,000 population	Females (%)	Under age 18 (%)
Persons treated in mental health outpatient facilities	UN	UN	UN
Persons treated in mental health day treatment facilities	UN	UN	UN
Admissions to psychiatric beds in general hospitals	UN	UN	UN
Persons staying in community residential facilities at the end of the year	UN	UN	UN
Admissions to mental hospitals	4.47	UN	UN

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

Less than 1 year	UN
More than 1 and less than 5 years	UN
More than 5 years	UN

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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	0.05	UN
Medical doctors, not specialized in psychiatry	0.12	0.74
Nurses	0.4	0.06
Psychologists	UN	UN
Social workers	UN	0.15
Occupational therapists	UN	UN
Other health workers	UN	NA

Informal human resources (Family and User Associations)

	User	Family
Present in the country?	No	Yes
Number of members	UN	UN
Participation in the formulation/implementation of policy/plan/legislation?	Never or rarely	Never or rarely:

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	UN
Medicines for psychotic disorders ³	UN
Medicines used for general anxiety ⁴	UN
Medicines used for mood disorders ⁵	UN

¹ N03AG01, N05A, N05B, N05C, N06A

² N03AG01, N05A, N05B, N05C, N06A

³ N05A (excluding N05AN)

⁴ N05B & N05C

⁵ N06A

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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	No	Yes
Interventions (psychopharmacological and psychosocial) delivered in primary health care for people with mental disorders	No	UN	UN
Persons treated in mental health outpatient facilities	No	No	No
Contacts in mental health outpatient facilities	No	No	No
Persons treated in mental health day treatment facilities	No	No	No
Admissions in general hospitals with psychiatric beds	Yes	UN	Un
Admissions in mental hospitals	Yes	UN	UN
Days spent in mental hospitals	Yes	UN	UN
Admissions in community residential facilities	No	No	No

Note: no mental health data have been compiled in a report for policy, planning or management purposes in the last three years

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