



GENERAL INFORMATION

Malawi is a country with an approximate area of 118 thousand square kilometers (UNO, 2008). The population is 15,691,784 and the sex ratio (men per hundred women) is 100 (UNO, 2009). The proportion of the population under the age of 18 years is 54% and the proportion above age 60 is 3% (UNO, 2009). The literacy rate is 87% for men and 85% for women (UN Statistics, 2008). The life expectancy at birth is 52 years for males and 51 years for females (UNO, 2005-2010). The healthy life expectancy at birth is 43 years for males and 51 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 6.24% and the per capita government expenditure on health (PPP int. \$) is \$43.0 (WHO, 2006). Suicide rate information is not available. In Malawi, neuropsychiatric disorders are estimated to contribute to 4.3% of the global burden of disease (WHO, 2008).

GOVERNANCE

An officially approved mental health policy doesn't exist nor is mental health specifically mentioned in the general health policy.

A mental health plan doesn't exist.

Dedicated mental health legislation exists and it was initiated or most recently revised in 2005. Legal provisions concerning mental health are also covered in other laws (e.g., welfare, disability, general health legislation etc.).

Note: A draft mental health policy is under review. As for mental health legislation a stakeholder meeting is planned to review an updated draft.

FINANCING

Mental health expenditures by the government health department/ministry are 1.0 % of the total health budget.

MENTAL HEALTH CARE DELIVERY

Primary Care

Prescription regulations authorize primary health care doctors to prescribe and/or to continue prescription of psychotherapeutic medicines. In contrast, the department of health does not authorize primary health care nurses to prescribe and/or to continue prescription of psychotherapeutic medicines. Likewise, official policy does not permit primary health care nurses to independently diagnose and treat mental disorders within the primary care system.

The majority of primary health care doctors and 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

Data collected in 2011

UN = information unavailable, NA = item not applicable

referring persons from primary care to secondary/tertiary care exist, as do referral procedures from tertiary/secondary care to primary care.

Note: Psychiatric nurses are able to prescribe and diagnose mental health problems within the primary care system.

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	2	0.01
Day treatment facilities	UN	UN	UN	UN
Psychiatric beds in general hospitals	UN	UN	UN	UN
Community residential facilities	UN	UN	UN	UN
Beds/places in community residential facilities	UN	UN	UN	UN
Mental hospitals	3	0.02	UN	UN
Beds in mental hospitals	401	2.56	UN	UN

Access to care

	Rates per 100,000 population)	Females (%)	Under age 18 (%)
Persons treated in mental health outpatient facilities	4.05	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	UN	UN	UN

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

Less than 1 year	99%
More than 1 and less than 5 years	0.5%
More than 5 years	0.5%

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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	0.01	UN
Medical doctors, not specialized in psychiatry	0.02	UN
Nurses	0.22	UN
Psychologists	0.02	UN
Social workers	0.01	UN
Occupational therapists	0.04	UN
Other health workers	0.06	NA

Informal human resources (Family and User Associations)

	User	Family
Present in the country?	Yes	No
Number of members	30	NA
Participation in the formulation/implementation of policy/plan/legislation?	Not routinely	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	2,278
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

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

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

OTHER INFORMATION

Routine data which is collected only indicates acute and chronic psychos and does not capture other psychiatric diagnoses.

⁵ N06A

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