



GENERAL INFORMATION

Rwanda is a country with an approximate area of 26 thousand square kilometers (UNO, 2008). The population is 10,277,212 and the sex ratio (men per hundred women) is 96 (UNO, 2009). The proportion of the population under the age of 18 years is 46% and the proportion above age 60 is 3% (UNO, 2009). The literacy rate is 77% for men and for women (UN Statistics, 2008). The life expectancy at birth is 53 years for males and 55 years for females (UNO, 2005-2010). The healthy life expectancy at birth is 43 years for males and 55 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 9.04% and the per capita government expenditure on health (PPP int. \$) is \$38.0 (WHO, 2006). Suicide rate information is not available. In Rwanda, neuropsychiatric disorders are estimated to contribute to 4.8% of the global burden of disease (WHO, 2008).

GOVERNANCE

An officially approved mental health policy exists and was approved, or most recently revised, in 1995. Mental health is specifically mentioned in the general health policy.

A mental health plan exists and was approved or most recently revised in 2007. The mental health plan components include:

- Timelines for the implementation of the mental health plan.
- Funding allocation for the implementation of half or more of the items in 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 does not exist. However, legal provisions concerning mental health are covered in other laws (e.g., welfare, disability, general health legislation etc.).

Note: The National Mental Health Policy is being revised (as of 2010). This revision includes developing a strategic plan over the next 5 years. Approval of the revised policy was scheduled for December 2010. The revision and approval of an updated version of the Mental Health Law was also planned for December 2010.

FINANCING

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

Note : Rwanda has two main structures providing specialized care in psychiatry: the Ndera Psychiatric Hospital and the Psychological Counseling Center (Service de consultation psychosociale ; SCPS). The mental hospital figures presented above are for the Ndera Psychiatric hospital only. The state budget for the SCPS is 143,800,000 Rwandan Francs. Additionally, the National Mental Health Programme (Program National de Sante Mentale; PNSM), run by the Ministry of Health (MOH) provides monetary support for mental health services to the district hospitals (clinical supervision, medications, training, etc.). The PNSM budget is approximately 400 million Rwandan Francs per year. The total health budget includes international assistance for the health sector, which is directly managed by the MOH. Total expenditures on mental health are not available as funding is decentralized and integrated into the general health budgets allocated to hospitals.

MENTAL HEALTH CARE DELIVERY

Primary Care

Prescription regulations authorize primary health care doctors to prescribe and/or to continue prescription of psychotherapeutic medicine. 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 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 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 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	1	0.01	1	0.01
Day treatment facilities	1	0.01	0	0.00
Psychiatric beds in general hospitals	72	0.70	0	0.00
Community residential facilities	1	0.01	0	0.00
Beds/places in community residential facilities	22	0.21	0	0.00
Mental hospitals ¹	1	0.01	UN	UN
Beds in mental hospitals	310	3.02	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	25.01	UN	UN
Admissions to psychiatric beds in general hospitals	21.80	UN	UN
Persons staying in community residential facilities at the end of the year	UN	UN	UN
Admissions to mental hospitals	31.90	44%	5%

¹ There is a specific service within the psychiatric hospital (with 12 beds reserved) for children and adolescents. This service provides both outpatient and inpatient care to children and adolescent patients with mental health problems.

Data collected in 2011

UN = information unavailable, NA = item not applicable

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

Less than 1 year	99.998%
More than 1 and less than 5 years	0.002%
More than 5 years	0%

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	0.02
Medical doctors, not specialized in psychiatry	0.06	UN
Nurses	1.30	2.39
Psychologists	0.07	2.84
Social workers	0.12	UN
Occupational therapists	0.02	0.02
Other health workers	0.03	NA

Informal human resources (Family and User Associations)

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

Note : The Community Health Program administered by the MOH organizes and manages health care provisions, including mental health care, at the local/district level. There are numerous district mental health service centers which provide both outpatient and inpatient mental health care. Some health care centers also provide home visits. These health centers are supervised by the mental health staff in district hospitals, which, in turn, are supervised by the higher order psychiatric institutes such as the Ndera Psychiatric hospital and SPSM.

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 ²	2,895
Medicines used for bipolar disorders ³	UN

² N03AG01, N05A, N05B, N05C, N06A

³ N03AG01, N05A, N05B, N05C, N06A

Data collected in 2011

UN = information unavailable, NA = item not applicable

Medicines for psychotic disorders ⁴	UN
Medicines used for general anxiety ⁵	UN
Medicines used for mood disorders ⁶	UN

Note: The figure presented above includes only the Psychological Counseling Center (SCPS) and National Mental Health Programme budget. It does not include expenditures on medications by the Ndera Psychiatric hospital or out-of-pocket expenses by patients.

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	Yes	Yes
Persons treated in mental health outpatient facilities	Yes	Yes	Yes
Contacts in mental health outpatient facilities	Yes	Yes	Yes
Persons treated in mental health day treatment facilities	Yes	Yes	Yes
Admissions in general hospitals with psychiatric beds	Yes	Yes	Yes
Admissions in mental hospitals	Yes	Yes	Yes
Days spent in mental hospitals	Yes	Yes	Yes
Admissions in community residential facilities	No	No	No

Note : A section of the National Information System of the MOH, collects and analyzes mental health data.

A specific report focusing mental health activities in the has been published by the Health Department or any other responsible government unit in the last three years.

OTHER INFORMATION

The National Programme for Mental Health is responsible for organizing education programs and outreach events to improve understanding of mental health issues in Rwanda.

⁴ N05A (excluding N05AN)

⁵ N05B & N05C

⁶ N06A

Data collected in 2011

UN = information unavailable, NA = item not applicable