



United Republic of Tanzania

GENERAL INFORMATION

United Republic of Tanzania is a country with an approximate area of 945 thousand square kilometers (UNO, 2008). The population is 45,039,573 and the sex ratio (men per hundred women) is 100 (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 79% for men and 76% for women (UN Statistics, 2008). The life expectancy at birth is 55 years for males and 56 years for females (UNO, 2005-2010). The healthy life expectancy at birth is 45 years for males and 56 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 5.12% and the per capita government expenditure on health (PPP int. \$) is \$42.0 (WHO, 2006). Suicide rate information is not available. In United Republic of Tanzania, neuropsychiatric disorders are estimated to contribute to 5.3% of the global burden of disease (WHO, 2008).

GOVERNANCE

An officially approved mental health policy exists and was approved or most recently revised in 2006. Mental health is specifically mentioned in the general health policy.

A mental health plan exists and was approved or most recently revised in 2005. The mental health plan components include:

- 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.).

FINANCING

Mental health expenditures by the government health department/ministry are 2.4% of the total health budget. Mental hospital expenditures are 33.3% of the total mental 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. The department of health also authorizes primary health care nurses to prescribe and/or to continue prescription of psychotherapeutic medicines but with restrictions. Official policy does not permit primary health care nurses to independently diagnose and treat mental disorders within the primary care system.

Note: Primary care doctors are clinical officers who are post secondary education trained for 3 years in identification and management of common medical and surgical conditions. They do not have a university

Data collected in 2011

UN = information unavailable, NA = item not applicable

degree. They are the main prescribers in primary care but where there is shortage, psychiatric nurses can prescribe.

The majority of primary health care doctors and nurses have not 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 do not exist. However, referral procedures from tertiary/secondary care to primary care do not exist .

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	124	0.28	0	0.0
Day treatment facilities	1	0.002	1	0.002
Psychiatric beds in general hospitals	662	1.47	0	0.0
Community residential facilities	UN	UN	UN	UN
Beds/places in community residential facilities	362	0.8	214	0.48
Mental hospitals	1	0.002	1	0.002
Beds in mental hospitals	700	1.55	20	0.04

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	UN	UN	UN

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

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

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	0.0004
Medical doctors, not specialized in psychiatry	0.01	0.78
Nurses	UN	4.62
Psychologists	0.007	0.0
Social workers	0.01	UN
Occupational therapists	0.009	UN
Other health workers	UN	NA

Note: Mental health services are heavily dependent on psychiatric nurses. There are efforts to start training of Assistant Medical Officers in Psychiatry. This is aimed at developing clinicians for the regions and districts.

Informal human resources (Family and User Associations)

	User	Family
Present in the country?	Yes	Yes
Number of members	3	UN
Participation in the formulation/implementation of policy/plan/legislation?	Frequently	Frequently

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

¹ N03AG01, N05A, N05B, N05C, N06A

² N03AG01, N05A, N05B, N05C, N06A

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

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

Note: a specific report focusing mental health activities has been published by the Health Department or any other responsible government unit in the last three years. Service use data is improving but there is a significant proportion of unrecorded contacts particularly in primary care. This is partly because of overburdened staff and lack of reporting tools.

³ N05A (excluding N05AN)

⁴ N05B & N05C

⁵ N06A

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