



Uganda

GENERAL INFORMATION

Uganda is a country with an approximate area of 241 thousand square kilometers (UNO, 2008). The population is 33,796,461 and the sex ratio (men per hundred women) is 100 (UNO, 2009). The proportion of the population under the age of 18 years is 55% and the proportion above age 60 is 3% (UNO, 2009). The literacy rate is 89% for men and 86% for women (UN Statistics, 2008). The life expectancy at birth is 52 years for males and 53 years for females (UNO, 2005-2010). The healthy life expectancy at birth is 41 years for males and 53 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 10.53% and the per capita government expenditure on health (PPP int. \$) is \$18.0 (WHO, 2006). Suicide rate information is not available. In Uganda, neuropsychiatric disorders are estimated to contribute to 5.3% of the global burden of disease (WHO, 2008).

GOVERNANCE

An officially approved mental health policy doesn't exist. However, mental health is specifically mentioned in the general health policy.

A mental health plan exists and was approved or most recently revised in 2010. 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.
- Integration of mental health services into primary care.

Dedicated mental health legislation exists and it was initiated or most recently revised in 1964. Legal provisions concerning mental health are also covered in other laws (e.g., welfare, disability, general health legislation etc.).

Note: In 2009 the Uganda mental health programme was still operating on a draft mental health policy (drafted in 2005), but was in process of revising and finalizing this policy. The new policy: "National Policy on Mental, Neurological and Substance use Services, 2010" has been finalized in 2010 and is expected to be approved. Development of a separate National Mental Health Strategic Plan is also in progress following completion of the policy, however it is currently a component of the National Health Sector strategic Plan. The mental health law has also been revised in the year 2009/10. The new mental health bill has been submitted to parliament for approval, and is expected to be enacted by the close of the year 2012.

FINANCING

Mental health expenditures by the government health department/ministry are not available. It is not possible to determine the actual mental health financing/expenditure. Apart from the National Mental Hospital (which is an autonomous entity in this regard), mental health is funded as an integrated component of Primary Health Care at other levels of care: the other national referral hospitals, regional referral hospitals and all other lower level health centres. Over the past few years, mental health financing has gone up significantly because of an ongoing project funded by African Development Bank for strengthening mental health service delivery.


MENTAL HEALTH CARE DELIVERY
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 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 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. In contrast, 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 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. 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	28	0.08	0	0.0
Day treatment facilities	0	0.0	NA	NA
Psychiatric beds in general hospitals	420	1.24	0	0.0
Community residential facilities	0	0.0	NA	NA
Beds/places in community residential facilities	0	0.0	NA	NA
Mental hospitals	1	0.003	0	0.0
Beds in mental hospitals	500	1.48	20	0.06

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	NA	NA	NA
Admissions to psychiatric beds in general hospitals	UN	UN	UN
Persons staying in community residential facilities at the end of the year	NA	NA	NA
Admissions to mental hospitals	15.35	53%	UN

UN = information unavailable, NA = item not applicable

Note: It is not easy to get the number of persons treated in all facilities across the country. Annual mental health reporting is streamlined in the HMIS, some facilities do not report regularly and accurately. Also, many report the "number of contacts" as number of cases. The only mental health day treatment facility that was in place was being supported by an NGO and had closed by 2009.

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

Less than 1 year	87%
More than 1 and less than 5 years	8%
More than 5 years	5%

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	0.09	0.01
Medical doctors, not specialized in psychiatry	0.02	0.57
Nurses	0.76	UN
Psychologists	0.02	0.01
Social workers	UN	UN
Occupational therapists	UN	UN
Other health workers	0.24	NA

Note: The number of mental health professionals is still relatively small, especially the psychosocial staff. Fewer health workers choose to specialize in mental health. The situation is further complicated by the skewed distribution of mental health professionals; with the majority being in the urban settings. Also a relatively large number of mental health professionals are employed to work as general health workers. The number of Psychologists provided is that of Clinical Psychologists only. There several institutions training other cadres e.g Counseling Psychologists and the actual number would be hard to tell. Also, as for nurses, there are many institution, especially private institutions that train nurses all over the country. It is not easy to estimate the actual number of nurses graduating in a particular year. There is a significantly big number of other health workers working in mental health, although the actual number can not be determined. Most important of these are the Psychiatric Clinical Officers (PCOs). These are nurses or medical clinical officers who do a 2-year diploma course in mental health. There are over 200 of these in the country.

Informal human resources (Family and User Associations)

	User	Family
Present in the country?	Yes	Yes
Number of members	8000	UN

UN = information unavailable, NA = item not applicable

 Participation in the formulation/implementation of policy/plan/legislation?	Frequently	UN
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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

Note: The funding mechanism for medicines in the public facilities makes it difficult to determine the expenditure on medicines as it is fully integrated in procurement of medicines for general care.

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	No	No	No
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	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	No	No	No
Admissions in community residential facilities	NA	NA	NA

¹ N03AG01, N05A, N05B, N05C, N06A

² N03AG01, N05A, N05B, N05C, N06A

³ N05A (excluding N05AN)

⁴ N05B & N05C

⁵ N06A

UN = information unavailable, NA = item not applicable



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