

◆ Definitions

- ◆ *Therapeutic drug policy*: a written commitment, endorsed by the Minister of Health or the Cabinet to ensure accessibility and availability of essential therapeutic drugs. It contains measures for regulating the selection, purchase, procurement, distribution and use of essential and appropriate drugs, including those for mental and neurological disorders. It can also specify the number and types of drugs to be made available to health workers at each

level of health service according to the functions of the workers and the conditions they are required to treat. Under the national policy, drugs may be supplied free of charge to all or selected groups.

- ◆ *Essential list of drugs*: the officially approved list of essential drugs that the country has adopted. It is usually adapted from the WHO Model List of Essential Drugs.

◆ Salient Findings

- ◆ A therapeutic drug policy or an essential list of drugs is present in 88.4% of countries covering 90.8% of the world population. The European Region has the least number of countries with a policy or drug list (79.2%), whereas in the South-East Asia Region all countries have either a policy or a drugs list.
- ◆ Availability of psychotropic therapeutic drugs in primary care varies among countries. Phenobarbital is available in 96.6% of the countries, amitriptyline in 88.6% of the countries, chlorpromazine in 92.1%. Fluphenazine and lithium are unavailable at primary care level in more than 30% of the countries. Anti-parkinsonian drugs are unavailable at primary care level in about 40% of countries.
- ◆ Almost 20% of countries do not have at least one common anti-depressant (amitriptyline), one anti-psychotic (chlorpromazine) and one anti-epileptic (phenytoin) in

primary care. This is even worse in the African Region where 29% of countries do not have all these three drugs.

- ◆ Where these medicines are available in primary care, pricing structure sometimes acts as a barrier to access in many countries.
- ◆ The median cost of treating a patient for depression (amitriptyline 150mg/day) and psychosis (chlorpromazine 400mg/day) for one year in low income countries is half and one-fourth, respectively of that in high income countries. This should be seen in the perspective of low income countries having GNP per capita one-twelfth that of high income countries.
- ◆ The median cost of treating a patient of epilepsy with 300mg of phenytoin per day for one year is low across all countries, but even then, in low income countries it is only half of that in high income countries.

◆ Limitations

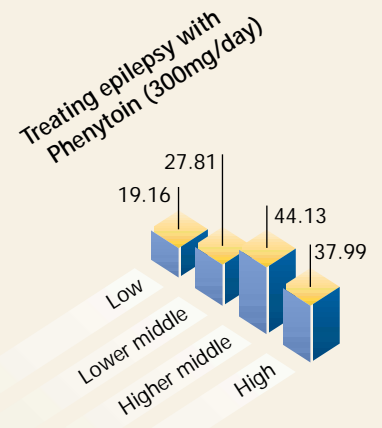
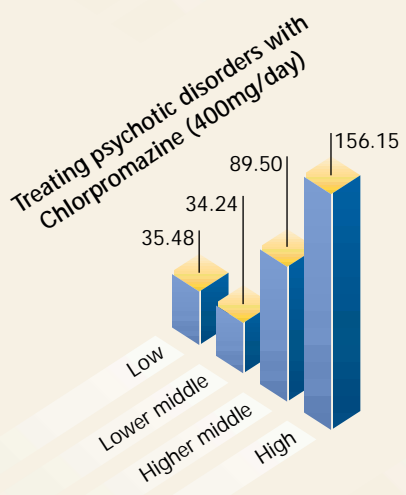
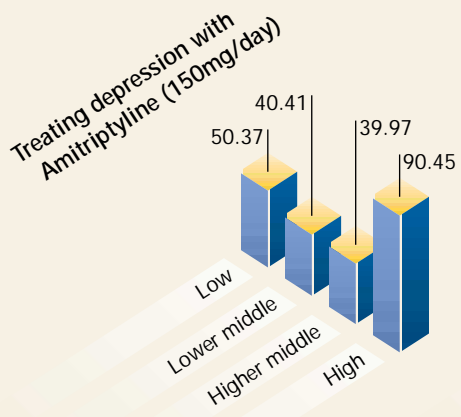
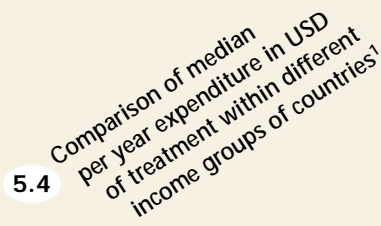
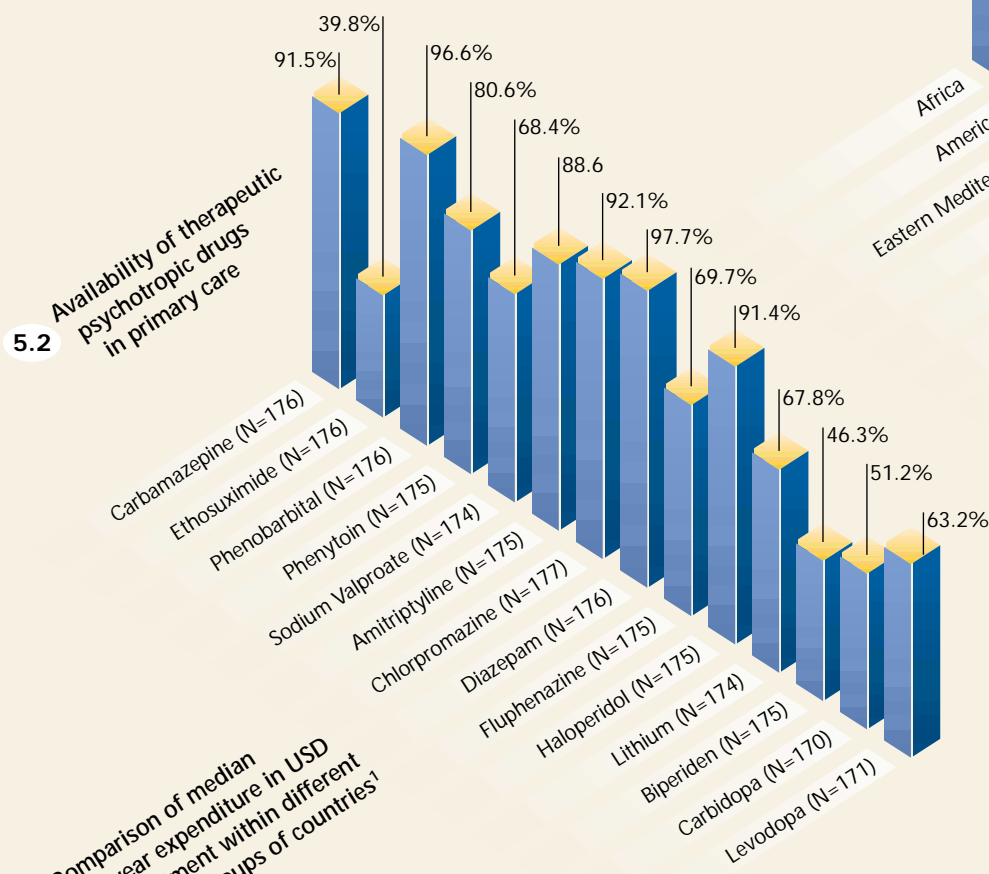
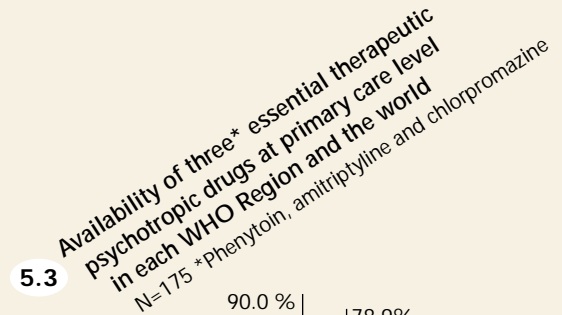
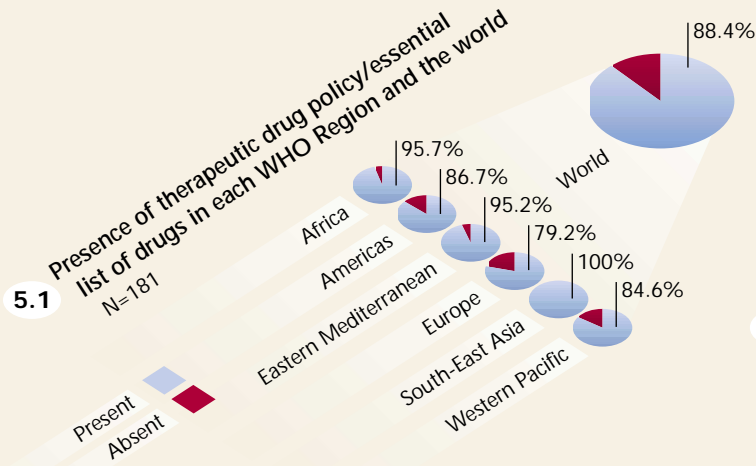
- ◆ Information is unavailable on how many and which psychotropic therapeutic drugs are included in the essential lists of drugs.
- ◆ The availability of the drugs is not uniform across all primary care centres in a country.

- ◆ Data on cost of drugs are available only from few countries and this may not be representative of an entire WHO Region.
- ◆ Prices have been converted directly from local currencies to USD, without consideration of purchasing power.

◆ Implications

- ◆ The government has the responsibility of developing a national drug policy and list of essential drugs. Psychotropic drugs should be included and made available in primary care at low or no cost. These measures together with training to primary care professionals can significantly enhance provision of mental health care.

- ◆ Drugs whose patents have expired are often available at low prices. They can be provided relatively inexpensively either through primary or community care.



¹ See page 41

◆ Definitions

- ◆ *Specified budget for mental health*: the regular source of money, available in a country's budget, allocated for

actions directed towards the achievement of mental health objectives.

◆ Salient Findings

- ◆ 72% of the countries have a specified budget for mental health within the total health budget.
- ◆ 91 countries provided information on actual mental health expenditure out of the total health budget. Of these countries, 36.3% spent less than 1% of their health budget on mental health. More than two billion people live in these countries.
- ◆ There is a marked regional variation in mental health budgets. In the African Region 78.9% of countries spend less

than 1% of their health budget on mental health. 62.5% of the countries in the South-East Asia Region spend less than 1% on mental health. On the other hand, in the European Region more than 54% of countries spend more than 5% of their health budget on mental health.

- ◆ Budgets for mental health also vary by the income group of countries. Of the low income countries, 61.5% spend less than 1% on mental health. Even of the high income countries about 16% spend less than 1% on mental health.

◆ Limitations

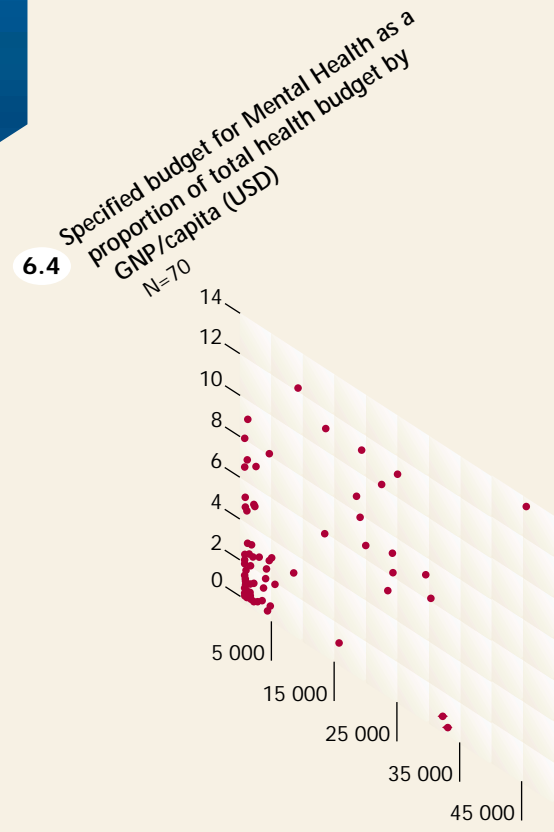
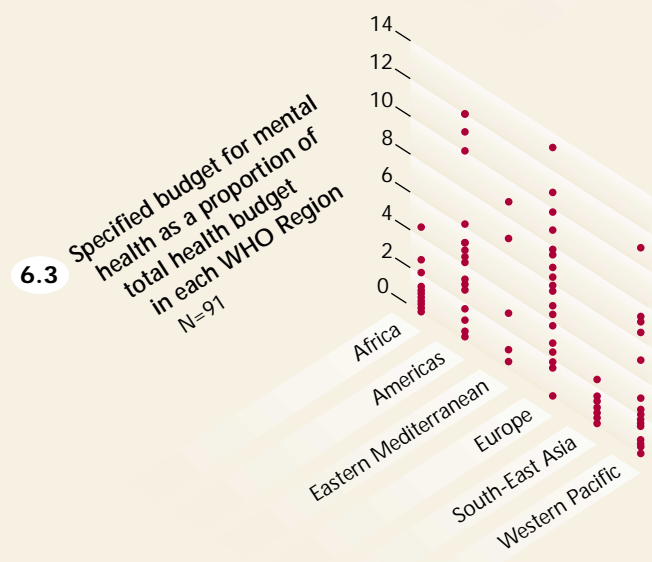
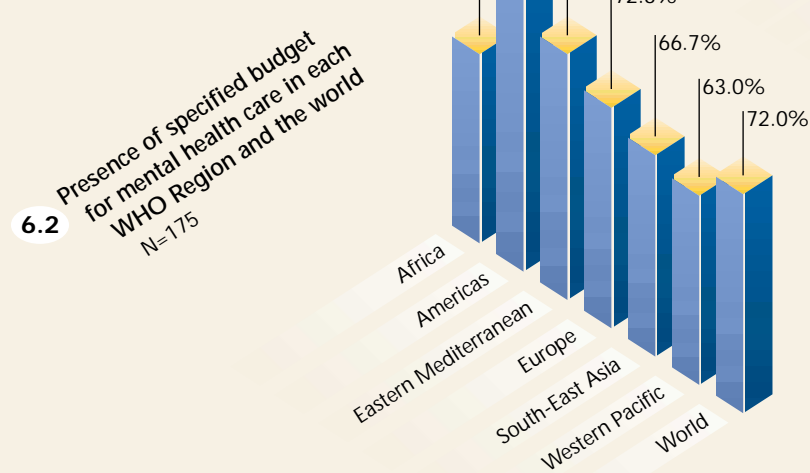
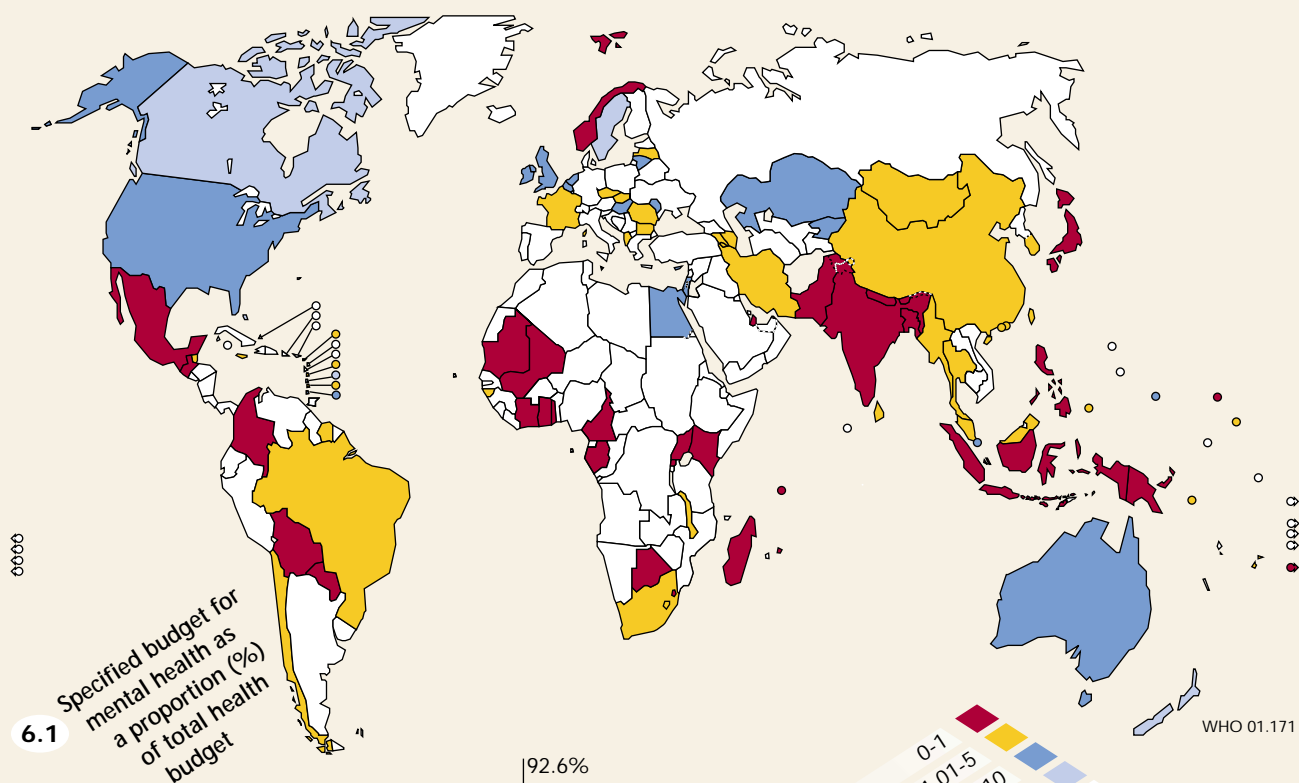
- ◆ Many countries, especially in the European Region, reported having no separate mental health budget. However, they make financial allocations for mental health within overall health budget at federal or state level.
- ◆ The number of countries reporting the amount of specified budget for mental health as a proportion of the total health budget is relatively small.

- ◆ Some countries have a federal system where states are responsible for health expenditure. These countries were not able to provide aggregate figures.

◆ Implications

- ◆ A specified mental health budget is usually considered essential for the development of services especially in countries where these are at present grossly inadequate.
- ◆ In view of the large prevalence and burden of mental and neurological disorders and availability of effective inter-

ventions, the proportion of total health budget spent on mental health should be in the range of 5% to 15%. Most countries need to enhance their specified expenditure on mental health care substantially.



◆ Definitions

- ◆ *Out-of-pocket payment*: money spent by the consumer or the consumer's family as the need arises.
- ◆ *Tax based funding*: money for mental health services raised by taxation: either through general taxation, or through taxes that are earmarked specifically for mental health services.
- ◆ *Social insurance*: everyone above a certain level of income is required to pay a fixed percentage of their income to a government-administered health insurance fund. In return, the government pays for part or all of consumers' mental health services, should it be needed.
- ◆ *Private insurance*: the health care consumer voluntarily pays a premium to a private insurance company. In return, the insurance company pays for part or all of the consumer's mental health services, should it be needed.
- ◆ *External grants*: money provided to countries by other countries or international organizations.

◆ Salient Findings

- ◆ Taxes are the primary method of mental health financing for 60.2% of the countries, followed by social insurance (18.7%), out of pocket payments (16.4%). Private insurance and external grants account for 1.8% and 2.9% respectively.
- ◆ Out-of-pocket payments are used as the primary method of financing mental health in 35.9% of countries in the African Region and 30% of countries in the South-East Asia Region. No countries in the European Region use this method as the primary means of expenditure for mental health.
- ◆ Social insurance is a primary method of financing in 50% of countries in the European region. Countries in the African, South-East Asia and the Western Pacific Regions do not use social insurance as the primary method of mental health financing.
- ◆ Private insurance is the primary method of financing in very few countries.
- ◆ External grants support mental health as a primary method of financing in 7.7% of countries in the Western Pacific Region, 5.6% of countries in the Eastern Mediterranean Region and 5.1% of countries in African Region.
- ◆ Tax is the most common primary method of financing in all the four income groups.
- ◆ Out-of-pocket expenditure is the primary method of financing in 39.6% of low income countries. It is the primary method of financing in almost none of the higher income countries.
- ◆ Social insurance is the primary method of financing in 38.3% of high income countries and in 29.4% of higher middle income countries. No low income country uses social insurance as a primary method of financing mental health.

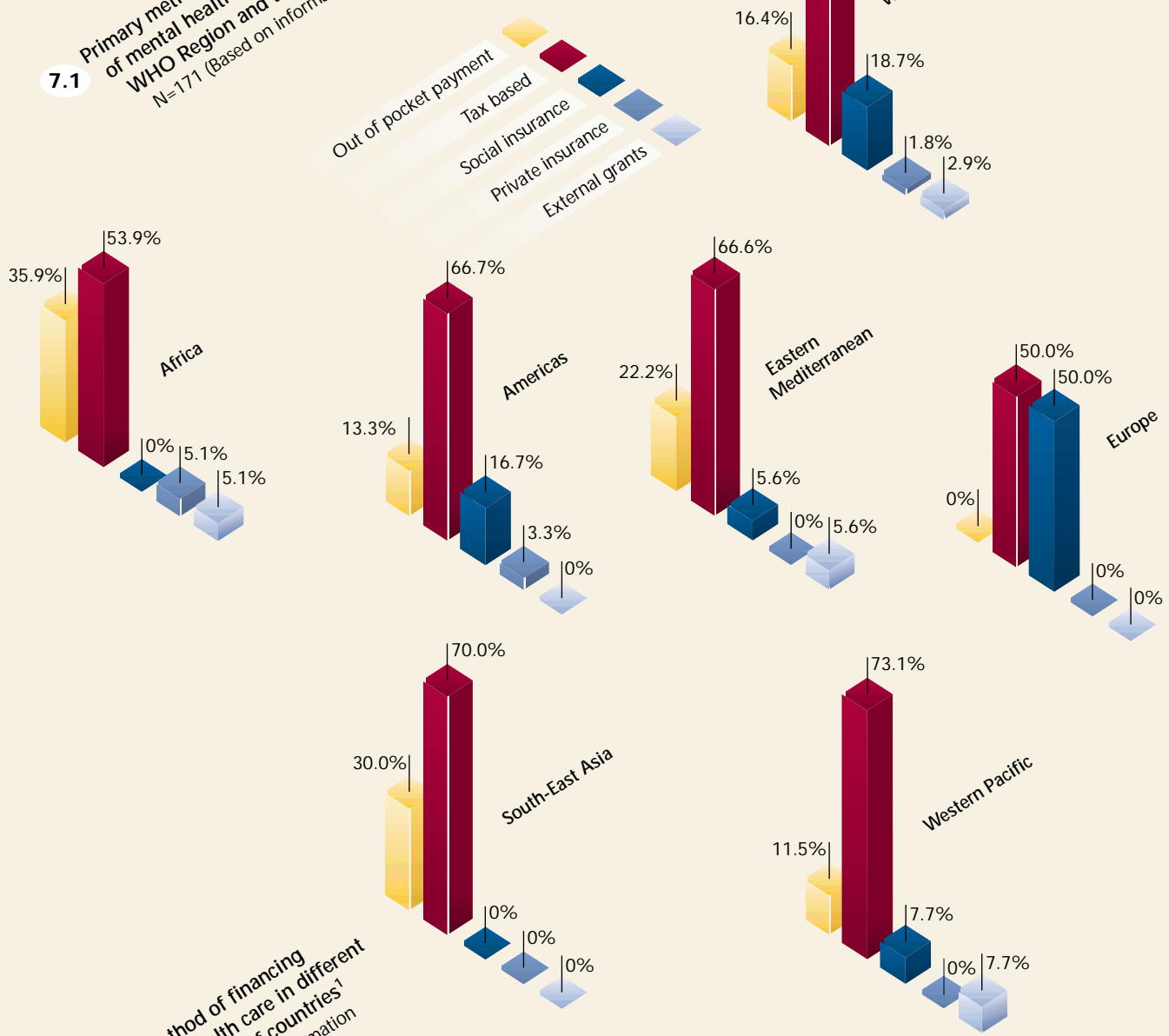
◆ Limitations

- ◆ The information on methods of financing mental health should be considered preliminary and indicative, since it is derived only from governmental sources, pertains only to the "most important" method of financing and is not supported at present by actual numbers.
- ◆ Though operational definitions of the terms used were provided, it is possible that some countries may not have used them accurately while providing information.
- ◆ It should also be noted that the information is based only on government expenditure. It does not account for private or any other non-governmental expenditure on mental health.
- ◆ In some countries traditional healers are responsible for mental health community care in rural settings. It is difficult to assess modes of payment for their services.

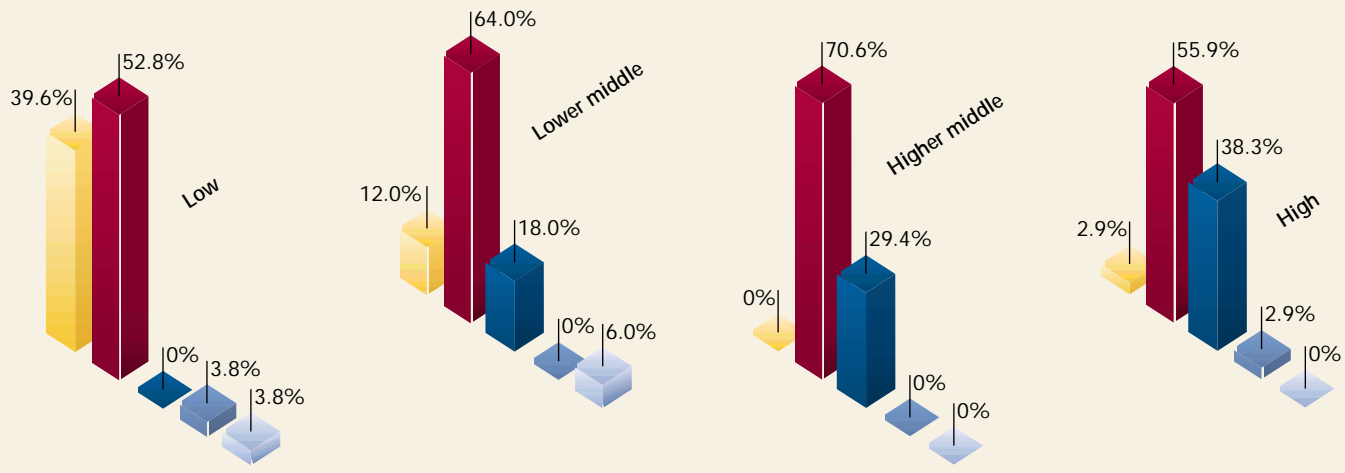
◆ Implications

- ◆ More accurate information is needed on methods of financing mental health care.
- ◆ Insurance plays only a small role in financing mental health care in most countries.
- ◆ Out-of-pocket expenditure puts excessive unplanned burden on persons affected by mental disorders and their families. This should be avoided by shifting to tax-based or insurance as methods of financing.

7.1 Primary method of financing of mental health care in each WHO Region and the world
N=171 (Based on information provided by countries)



7.2 Primary method of financing of mental health care in different income groups of countries¹
N=171 (Based on information provided by countries)



¹ See page 41