

For more information on the COAV (Children and Youths in Organised Armed Violence) international research project, and for a daily updated news service relating specifically to children and armed violence, visit the COAV website at [www.coav.org.br](http://www.coav.org.br). A PDF version of *Children of the Drug Trade: A Case Study of Organised Armed Violence in Rio de Janeiro* (Dowdney, 2003) can also be downloaded from this site.

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*favelas*, and a policy that brings in the rule of law, future generations of children and adolescents will continue to become involved and subsequently die while working in Rio de Janeiro's drug trade.

Furthermore, until we fully recognise the increasing role that younger children and adolescents are playing in armed groups around the world, and build a practical body of knowledge in order to design policy implementations to tackle this problem, children and youths will continue to die in alarming numbers in countries that are neither at war nor at peace.

## COUNTRY PROFILES

# Introduction

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**How many members of the College know about the state of psychiatry in Nigeria or Egypt? Perhaps just a few. How many would be interested in knowing more? Perhaps many. The country profiles section of *International Psychiatry* attempts to narrow this information-and-awareness gap.**

Country profiles provide summary information on mental health policy, services, training and research in the country, along with key references for more details. The aim is to give a bird's eye view of the situation within about 1500 words. It is hoped that this will not only increase the awareness of the readers to distant and often

## References

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- Dowdney, L. T. (2002) *Crianças Combatentes em Violência Armada Organizada: um estudo de crianças e adolescentes envolvidos nas disputas territoriais das facções de drogas no Rio de Janeiro*. Rio de Janeiro: ISER (Instituto de Estudos da Religião).
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forgotten countries, but also provide an opportunity for learning from others' experiences. The profiles can also open possibilities for further dialogue and even collaboration. This issue of *International Psychiatry* presents country profiles from Nigeria, Egypt and Italy, three countries that are very different in size, population and available resources. They also represent somewhat different ways of expanding the quality and coverage of psychiatric services.

If you wish to make a contribution to the country profile section, please contact Shekhar Saxena (email [saxenas@who.int](mailto:saxenas@who.int)).

## COUNTRY PROFILE

# Psychiatry in Nigeria

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**Nigeria is a huge country. It covers an area of 924 000 km<sup>2</sup> on the west coast of Africa. It has a population of about 110 million, which means that every one in six Africans is a Nigerian. It is a country of diverse ethnicity, with over 200 spoken languages, even though three of those are spoken by about 60% of the population. Administratively, it is divided into 36 states and operates a federal system of government, with constitutional responsibilities allocated to the various tiers of government – central, state and local. There are two main religions, Islam (predominantly in the north) and Christianity (predominantly in the south). However, a large proportion of the people still practise traditional religions exclusively or in addition to either Islam or Christianity.**

In spite of its abundant natural and human resources, Nigeria is still a poor country, and nowhere is that status indicated better than in its health indices. About 170 out of every 1000 children die before the age of 5 years and life expectancy is 46.8 years for men and 48.2 years for women (World Health Organization, 2000). It spends about 3% of its gross domestic product on health (World Health Organization, 2001) and in a rating of the overall health performance of all 191 member states of the World Health Organization in 2000, Nigeria was ranked 187 (World Health Organization, 2000).

## A brief history

Available records suggest that the first asylum had been established in the southern city of Calabar by 1904. It was