The Santé Sud Madagascar Epilepsy Network Initiatives

Guy FARNARIER
Marseille, France

Adeline RAHARIVELO, Herizo Lala MAMISOA & the REM members, Madagascar
Rindra ANDRIAMBOLOLONA, Limoges, France / Pierre GENTON, Marseille, France

SANTE SUD, Antananarivo, Madagascar & Marseille, France
Context: chronic diseases

Objective:
to screen and manage chronic diseases in insufficiently medicalised environment

this is the case of nearly all African rural areas

Remarks:
- chronic diseases are often silent and/or hidden

- management requires a longlasting patient/doctor relationship, based on trust
Context: a threefold problem ... 

1 - availability of medical skills

2 - acceptance by, and availability for, the patients of long-term therapy

3 - access to healthcare and to medication
Context: what policy for chronic diseases?

The screening and management of chronic diseases rely on human resources availability:

- Medical for quality healthcare
- Specific training for skills
- Medical management for diagnosis and treatment
- Trust relationship for compliance
Context: rural areas medicalization

Guidelines for young doctors setting-up in rural areas

two major backgrounds:

1- development of quality proximity healthcare that has the capacity to meet the needs and requests of the rural population.

2- facilitating the medicalization of primary healthcare in order to support and improve the global health system.
Context: rural areas medicalization

Santé Sud model for the rural areas medicalization applied in Mali, Madagascar and Benin

community general practitioners (CGPs) → curative medicine + preventive medicine

private doctors
national GPs
set-up in first line
COMMUNITY GENERAL MEDICINE

FAMILY MEDICINE
PERSON
CLINICAL PRACTICE
CURATIVE CARES
RESPONSE TO A REQUEST
QUALITATIVE APPROACH

PRIMARY HEALTH CARE
COMMUNITY
PUBLIC HEALTH
PREVENTIVE ACTIVITIES
RESPONSE TO A NEED
QUANTITATIVE APPROACH

PRACTICES AND ATTITUDES
SOCIAL FINALITY
ECONOMY
ACCESSIBILITY
AVAILABILITY
COMMUNICATION
CONTINUOUS TRAINING
EVALUATION
ETHIC

Context: rural areas medicalization
Context: rural areas medicalization
private medicine in the spirit of public service is viable

two conditions must be met:

1/ a political opening of the State: negotiated inclusion of new actors, contractualisation in order to guarantee and legitimise a clearly defined public-private partnership

2/ an organised support of young GPs:
   preliminary specific training
   feasibility study
   material support
   continuous medical education among peers
   follow-up and evaluation

........
Context: rural areas
medicalization

Guideline for the community
general practitioners
Context: rural areas medicalization

Each CGP cares for about 10,000 persons.

The population that benefits:
- 161 CGP in Mali -> 1.6 million persons
- 60 in Madagascar -> 600,000 persons
- 17 in Benin -> 170,000 persons

Professional associative life (meetings, continuous training, general assembly, ...)

Possibility for networks on chronic disease: AHT, diabetes, ..., epilepsy
Screening and management of epilepsy in Mali

AMC
(Association des Médecins de Campagne)
Rural Doctors Association

RARE
(Recherche-Action en Réseau sur l’Épilepsie)
Research-Action Network on Epilepsy

since 2003
Screening and management of epilepsy in Mali since 2003:

- training (2 seminars per year)
- information of population
- diagnosis of epilepsy
- treatment
- follow-up of patients
- access to AEDs
- research-action

6 RARE members at the beginning
<-> training for trainers for epilepsy
-> 30 members in 2012

covering a population of 300,000 (→ 3,000 potential epileptic patients)
Prise en charge des épileptiques en situation isolée

par Dr MAMISOA Herizo Lala
Management of isolated patients with epilepsy

by Dr MAMISOA Herizo Lala
Screening and management of epilepsy in Madagascar

AMC-Mad

(Association des Médecins Communautaires de Madagascar)
Community Doctors Association of Madagascar

REM (Réseau Epilepsie Madagascar)
Madagascar Epilepsy Network

since December 16, 2007
first training (S + N)
set-up of patient files and follow-up files

starting of the REM : January 2008

10 REM members at the beginning
<-> training for trainers for epilepsy ->
17 in 2012
The Madagascar epilepsy network (REM) : the training


Pierre GENTON

Adeline RAHARIVELO, Daniel GERARD
The Madagascar epilepsy network (REM): information

REM tour (September 2009)

- over 1,712 km, including 384 km of tracks and 1,340 km of solid roads, across mountains and valleys
- reception by local authorities: mayor, head of local health centre, community leader, health educators
- a talk about epilepsy: definition, causes, consequences, attitudes in front of a patient with epilepsy
- educational slideshow from Sanofi Access to Medicines, commentary and Q/A with audience

« EPILEPSY CAN BE CURED. SEE A DOCTOR »
The Madagascar epilepsy network (REM) : information

REM tour (September 2011)
The Madagascar epilepsy network (REM): information
The Madagascar Epilepsy Network (REM): diagnosis and management

June 2012

10 new REM members → 17 CGP members of the REM

access to CGP trained for the management of epilepsy for 148,500 people

190 epileptic patients
follow-up: D15, M1, M3, M6, M12, M18, M24

problems: availability of drugs +++; socio-economic problems in the country; CGP unavailable (left, sick, ...)

perspectives: meetings 2/year; raising awareness among communities; free consultations; new REM members
The Madagascar epilepsy network: Access to drugs
The Madagascar epilepsy network: research-action

since March 2012 analysis of data

patient files:
baseline files with 45 items
and follow-up files with 10 items
→ epidemiologic, clinical and therapeutic data

collected for 3 years by 7 REM members

june 2012: 9 quarterly reports
148 baseline files, 135 follow-up files

results in preparation ...
and always in our minds:

« acting without replacing »
(Santé Sud)

« with Africa for Africa »
(AG. Diop)
Thank you!