

Management of chronic diseases by General Practitioners : A program against epilepsy in rural Mali

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and the RARE network



SANTÉ SUD
Marseille, France & Bamako, Mali

A project in Mali



- subsahelian
- population 13.5 Million
- agriculture: cotton
- natural resources: Gold
- GNP: 250 US\$ (185th)
- 6.9 children/woman
- life exp. = 47.8 yrs
- HDI: 174th

but:
well-organized, stable society
low prevalence of AIDS
stable political situation
(since 1992)

Source: *Etat du monde 2006*



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Management of chronic diseases

management of **chronic diseases**

in rural areas is difficult :

economic problems

ignorance on the diseases

bad compliance

management by **General Practitioners**
(GPs) is possible

management of **epilepsy** is an example

Epilepsy in developing countries (1)

-- frequent in all societies

-- cultural beliefs on epilepsy
contagious incurable supernatural

→ social exclusion of patients

-- socially disabling condition

-- heavier impact in the developing world
especially in rural areas



*burns on chest and face
in a young epileptic patient
due to falls into open fire
during seizures*

Epilepsy in developing countries (2)

- difficult access to **health professionals**
even more to those « qualified » for epilepsy
- difficult access to **antiepileptic drugs (AED)**
 - availability** **affordability**
 - sustainability**

An important “treatment gap”

Treatment gap in epilepsy:

90 % (80 to 100 % ...)

*“the gap is defined in terms of those people with epilepsy who are not being appropriately treated and is the result of an array of medical, political, social, economic, and cultural factors”
(H. Meinardi, Epilepsia, 2001)*

- low level of knowledge of the professionals
- difficult access to diagnosis and management/treatment for the patients

Management of patients with epilepsy

difficult :

mainly because of
inadequate first-line carers

even if
drug treatment is easy
and cost-efficient

Primary healthcare for epilepsy (1)

involves:

1) training of professional networks :

epidemiology and public health
social and anthropological aspects
clinical diagnosis
practical treatment

2) information of patient and community -> compliance

Primary healthcare for epilepsy (2)

involves:

**3) clinical management project
follow-up by specific teams**

**4) long-term supply
of high-quality drugs**

A project by Santé Sud (1)

Santé Sud a French NGO

over the past 15 years :

settling more than

100 General Practitioners (GPs)

in rural areas of Mali



AMC

Association des Médecins de Campagne du Mali

Country Doctors Association of Mali

A project by Santé Sud (2)

since 2002 :

Epilepsy chosen
as the first **chronic condition**
to benefit from the **network of rural GPs** :
group of 6 volunteers
from **various regions** of Mali



A project by Santé Sud (2)

training during seminars
twice a year / every year / 3 years



An action-research network (1)

Prospective data on :

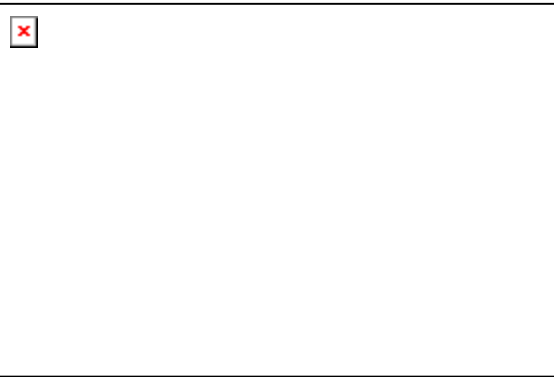
newly diagnosed patients
and/or referred patients
with epilepsy

collected through

an action-research network on epilepsy:

RARE

Réseau Action-Recherche sur l'Épilepsie



epileptic patients waiting for a clinic



An action-research network (2)

Access to anti-epileptic drugs (AEDs) :

-- phenobarbital 1st line
then valproate

-- preferential price-policy

thanks to all the distribution actors (manufacturer , wholesaler...)

-- sale to the patient by GPs

prices suitable with local economic level

An action-research network (3)

Access to medicines :

programme completed within 3 years

now extended

by the well-trained group of volunteers

to the majority of the 100 rural GPs

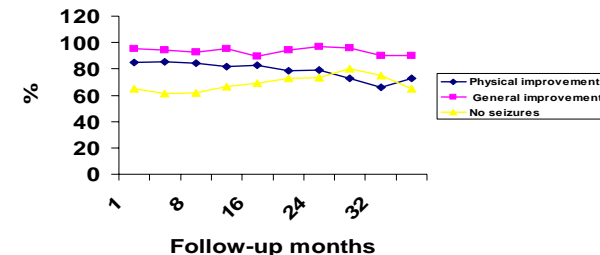
An action-research network (4)

up to now:

around 1,500 epilepsy patients
diagnosed
followed

significant

clinical and social improvement
obtained in more than 2/3 of them



Positive effects of treatment

“Impact Epilepsy” programme (1)



at this stage :

- collection of data by the RARE
- broadening of the drug distribution network

have benefited from
the “Impact Epilepsy” programme
Sanofi-Aventis / Access to Medicines Department

a preferential price-policy for AED's in Southern countries

“Impact Epilepsy” programme (2)

at this stage :

Epidemiological Research
based on the analysis of collected data

EPIMECT programme :
EPilepsy in Mali
Epidemiology, Clinics and Therapeutics

[cf. poster N° PP169:

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Extension of “Impact Epilepsy” (3)

Madagascar

following the same framework of rural GPs



REM

*Réseau sur l'Epilepsie à Madagascar
(Epilepsy Network in Madagascar)*

10 volunteers

first training session : dec. 2007



To conclude (1)

this program is an example
of management
of chronic diseases
by General Practitioners

such programs may be applied
to other chronic diseases
e. g. HIV, HTN, diabetes, drepanocytomia

To conclude (2)

the commandments of success

know the context!

respect the economic possibilities!

provide adequate training!

follow and evaluate!

Thank you for your attention

Niger River, Tanteakoro, Mali, 2003

