

MENTAL ILLNESS AND EPILEPSY

I. BACKGROUND

The World Health Organization (WHO) estimates that about 450 million people worldwide are affected by mental disorders.¹ These disorders are found in all countries across the globe and they include depression, bipolar disorder, anxiety disorders, addictions, schizophrenia and other psychoses.

Epilepsy is a chronic neurological disease characterized by recurrent epileptic seizures, which are brief episodes of involuntary movements sometimes accompanied by loss of consciousness or other symptoms related to abnormal brain activity. Around 50 million people worldwide have epilepsy.²

Psychiatric and neurological disorders are now recognized as being among the first contributors to the global burden of disease.³ Their impact continues to grow with significant consequences, in all countries of the world, on health, and also very important social, human rights and economic repercussions.¹

In developing countries, insufficient specialized human resources, inadequate training of primary care workers, traditional beliefs surrounding mental disorders and epilepsy, as well as stigmatization and discrimination are the most common barriers to access to care. Although in many cases effective treatments exist, 75-85% of patients with mental disorders or epilepsy living in low and middle-income countries do not receive suitable treatment.^{1,2,4}

II. POLICY

In 2006, Sanofi decided to develop initiatives to improve access to care for people with mental disorders or epilepsy living in developing countries. Our long-term goal is to promote sustainable access to healthcare for millions of disadvantaged patients who are excluded from society today.

Our mental health and epilepsy programs are based on three pillars:

- Partnerships and collaborations enabling stakeholders from different sectors (public, private, non-governmental organizations [NGOs] and universities) to join forces
- Efforts to combat stigmatization by educating communities about the medical causes of many of these disorders, emphasizing that they may be treatable and teaching patients how to manage them
- Providing training for front-line healthcare professionals to improve diagnosis and treatment

In late 2008, Sanofi and the World Association of Social Psychiatry (WASP) joined forces to develop the Fight Against STigma (FAST) program. Fighting the social stigma associated with mental illness is a key factor in access to healthcare and rehabilitation. This program is dedicated to promoting access to healthcare for patients with mental disorders in developing countries. This program is now part of Access Accelerated, a first-of-its kind collaboration gathering more than 20 biopharmaceutical companies, the World Bank and Union of International Cancer Control in order to help address the full spectrum of access barriers to non-communicable disease medicines in low- and lower- middle income countries.

III. EPILEPSY AND MENTAL ILLNESS - ACTIONS

Through the FAST program, as well as via a partnership with the Institute of Epidemiology and Tropical Neurology (IENT - , UMR 1094 Inserm) of the University of Limoges, Sanofi has initiated programs in over 20 countries in Africa, Asia and South America. Developed with local health authorities, local experts, health professionals, patient associations and NGOs, these programs aim to develop access to care for patients with mental disorders or epilepsy. Thanks to these initiatives, thousands of patients who were previously neglected and excluded are seeking medical help and receiving treatment so they are able to resume a normal life with their families.

1. Building capacity and improving access to mental health and epilepsy care in Madagascar

In February 2013 Sanofi signed a 5-year partnership with the Minister of Public Health in Madagascar to improve access to healthcare in the fields of epilepsy and mental health. The pilot program has been implemented in five regions (Analamanga, Vakinankaratra, Amoron'i Mania, Vatovavy-Fitovinany and Sofia) in the country, representing a population of 4.4 million. Data from a door-to-door survey suggest that 34% of Madagascar population (46% in the Antananarivo area) will experience at least one mental disorder during their life⁵.

The project has two specific objectives: 1. Training primary healthcare professionals on diagnosing and treating mental disorders. 2. Raising awareness among the general public about mental health disorders, through a set of Behavior-Change-Communication (BCC) interventions.

To date, 102 GPs have been trained through face-to-face training workshops, followed by individualized supervision sessions with a specialist. Several BCC materials in Malagasy language have been developed, and disseminated. An estimated 1,478,000 people have been reached through local TV and radio programs, in addition to the 4,641 teachers and children involved in epilepsy school awareness activities.

2. Strengthening mental health and epilepsy care for patients in Morocco

In Morocco, with 40% of the population aged 15 and over, affected by at least one mental disorder during their life⁶, mental health is a major public health issue.

Sanofi is partnering since 2013 with the Ministry of Health of Morocco, the Moroccan Association of Social Psychiatry and the Moroccan League Against Epilepsy to improve the management of people with mental disorders and epilepsy in Morocco. This national program locally known as "Nadar Akhar" (meaning "a different perspective") was first implemented in the Casablanca area, then in the East and South regions, which were both determined to be priority areas in terms of needs, and finally in the remainder of the Kingdom. This national program is based on the lessons learned from a pilot project focused on schizophrenia and conducted in the Benslimane area between October 2008 and October 2011.

The objectives of this national program are to develop community-based mental health care services accessible to the largest number of people, and to fight, within the community, the stigma related to mental disorders and epilepsy. Developing community-based mental healthcare services include the following activities: 1. developing a mental health and epilepsy network with groups of 6-7 General Practitioners (GPs) and 6-7 nurses who consult with one psychiatrist and one neurologist. Each group of primary healthcare professionals covers an area including 800,000 people on average. 2. training 160 GPs and 160 nurses to diagnose and manage people with schizophrenia, mood disorders (major depressive disorder, bipolar disorder), anxiety disorders, addictions and child and adolescent psychiatry disorders and epilepsy. Raising awareness about mental disorders and epilepsy and fighting stigma include the following activities: 1. capacity-building of patient associations and training for advocacy and lobbying; 2. developing and disseminating Behavior Change Communications (BCC) materials to the general public; 3. creating awareness raising campaigns in the national media.

To date, 110 GPs and 140 nurses have been trained, advocacy training workshops have been held for representatives from 5 associations, and BCC materials have been developed.

3. Improving access to care for people with schizophrenia or depression in Armenia

Following the pilot program implemented in the Yerevan region (2014-2016) during which, 50 primary healthcare professionals were trained on the diagnosis and management of schizophrenia, Sanofi signed a 3-year partnership with the Ministry of Healthcare of Armenia and the World Association of Social Psychiatry for a national program on schizophrenia and depression taking place in six regions (Armavir, Tavush, Lori, Syunik, Shirak, Yerevan).

The objectives of the program initiated in 2017, are to train 600 General Practitioners (GPs) and 200 nurses on the diagnosis and management of schizophrenia and major depressive disorder (MDD), train 180 non-mental health specialists on MDD, since depression is highly prevalent in people with cancer, cardiovascular disease, diabetes as well as in post-partum women, provide continuing medical education on MDD and related topics to 120 mental health professionals, raise awareness among the general population in order to tackle the stigma and exclusion which people with mental disorders have to face.

4. Tackling the mental health care gap in Myanmar

Sanofi has partnered with the Myanmar Medical Association to develop and implement a 3-year pilot program, which combines an integrated approach at the community level leveraging existing staff and resources, with the use of new technologies (smartphone, tablet, telemedicine), to improve access to mental health care in Myanmar.

The program's goal is to reduce by 20% the treatment gap for psychotic disorders (including schizophrenia), major depressive disorder (MDD) and epilepsy, in 24 months, in Hlaing Thar Yar a highly populated township, located in the Western part of Yangon.

The program's objectives are to: 1. Develop skills and competencies of existing community health workers (CHWs) so that they can a) identify people with psychoses, depressive disorder and epilepsy, and direct them to seek care from General Practitioners (GPs); b) support patients and their families; and c) raise awareness and educate the general population about mental disorders. 2. Empower GPs, and primary healthcare professionals from the township community health centres to diagnose, manage, support people with these disorders, and if necessary get advice from psychiatrist and/or refer to mental health hospital. 3. Provide township GPs and community health centers with access to a psychiatrist for difficult cases via a simple system of telemedicine.

The preparation phase was initiated in April 2017 and the following activities have been completed: • Training of 75 CHWs and 90 Primary Healthcare Professionals (including 5 doctors field project coordinators, 40 GPs, 8 Medical Officers, 2 Health Assistants, 19 nurses, 17 Midwives, 3 Lady Health Visitors). • Providing GPs with electronic tablets, equipped with an interactive version of the World Health Organization Mental Health Gap Action Program (WHO mhGAP) intervention guide, and e-medical records, to manage patients and potentially seek advice from psychiatrists for difficult cases. • Providing CHWs with smartphones equipped with interactive screening questionnaires and empowering them in their pivotal role in informing the population, combating the misbeliefs surrounding mental disorders, and identifying people with these diseases so that they can be referred to GPs.

Beyond the Myanmar Medical Association, the Myanmar Mental Health Society and Sanofi, this program also involves international partners such as the World Association of Social Psychiatry (WASP) and the Université Numérique Francophone Mondiale (UNFM – World Francophone Digital University, which has been developing distance learning and e-health solutions for healthcare professionals in low-resource countries)

References: 1. WHO Media Centre, Mental Disorders, Fact sheet No. 396, April 2017. 2. WHO Media Centre, Epilepsy, Fact sheet No. 999, February 2017. 3. Vigo D. et al. Estimating the true global burden of mental illness. *Lancet Psychiatry* 2016; 3:171-178. 4. WHO – Mental health action plan 2013-2020. 5. Andriantseheno M. La santé mentale à Madagascar. *l'Information Psychiatrique*. 2003 ; 79 (10), 913-919. 6. Kadri N et al. Moroccan national study on prevalence of mental disorders: a community-based epidemiological study. *Acta Psychiatrica Scandinavia* 2010, 121: 71-74.