

## MENTAL DISORDERS AND EPILEPSY

### GRI Standards :

N/A

### EXECUTIVE SUMMARY

Psychiatric and neurological disorders are now recognized as being among the first contributors to the global burden of disease. 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. Sanofi was one of the first health companies to commit to improving access to mental health care in these countries. Through the Fight Against STigma (FAST) program with the World Association of Social Psychiatry (WASP), as well as a partnership with the Institute of Tropical Epidemiology and Neurology (IENT -, UMR 1094 Inserm) from the University of Limoges, Sanofi has launched programs in more than 20 countries in Africa, Asia and South America. Developed with local health authorities, experts, health professionals, patient associations and NGOs, these initiatives have enabled thousands of previously neglected and excluded patients to get access to mental health and epilepsy care and receive treatment in order to resume a normal life with their families.

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## 1. BACKGROUND

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The World Health Organization (WHO) estimates that approximately 450 million people worldwide are affected by mental disorders at any point in time.<sup>1</sup> 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. More than 50 million people worldwide have epilepsy.<sup>2</sup>

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

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.<sup>1,2,4</sup>

## 2. ACTIONS

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In 2008, Sanofi joined forces with the World Association of Social Psychiatry (WASP) to set up 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 or epilepsy 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.

Through the FAST program, as well as via a partnership with the Institute of Epidemiology and Tropical Neurology (IENT, UMR 1094 Inserm), we have launched initiatives in over 20 countries in Africa, Asia and South America. Developed with local health authorities, local experts and health professionals, patient associations or NGOs, these programs aim to improve access to care for patients with mental disorders or epilepsy in low-and middle-income countries. They are based on training health workers, raising public awareness, educating patients and their families. Thanks to these initiatives, thousands of patients who were previously neglected and excluded are seeking medical help and receiving treatment, so that they are able to resume a normal life with their families.

To date, over 10,600 healthcare workers have been trained, over 3.1 million people have been reached through awareness and educational activities, and over 132,000 people with mental illness or epilepsy have been diagnosed and/or treated.

### 2.1. Myanmar : empowering health workers and leveraging digital technology

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 low cost digital technology (smartphone and tablet ), 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 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. <sup>5, 6</sup>

75 CHWs and 90 Primary Healthcare Professionals have been trained. As of 30 September 2019, over 17,300 people from the Township had attended information meetings held by trained CHWs. With the assistance of smartphones equipped with interactive screening questionnaires, CHWs have referred 1,378 people to see one of the trained GPs and 1,088 of them have actually been diagnosed and managed for a mental disorder. The implementation phase of this project is now completed, and several surveys are being conducted to better evaluate and understand the effects of the training and awareness activities.

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).

Find out more about our program in Myanmar : <https://www.youtube.com/watch?v=UvM5KKfnpNM>

## 2.2. Mali : developing a rural Mental Health GP Network

In Mali, the 2-year initiative is implemented by Santé Sud, an NGO which has been working in this country since 1989. The program started in July 2018 and it aims to improve access to mental health care for the rural population in six regions (Kayes, Koulikoro, Mopti, Ségou, Sikasso and Timbuktu) through the development of a rural GP Mental Health Network and by raising awareness amongst the general population. <sup>6</sup>

GPs have gone through two face-to-face training workshops, which have both resulted in significant increases in knowledge (+179 % and +39 %). Both these were followed by individual mentoring sessions with a psychiatrist, which included supervised consultations and review of patients' medical records. Overall, between July 2018 and December 2019, 1,841 new patients have been diagnosed with a mental disorder and managed by the trained GPs.

Behavior Change Communication materials have also been developed (flipchart, brochures, radio broadcast messages). One hundred and eighty-three community workers have been trained, and it is estimated that over 70,000 people have been reached by awareness session organized by trained community workers or GPs. There have also been 336 radio broadcasts focused on disease awareness.

### 2.3. South Africa : upskilling primary healthcare professionals and implementing a structured referral system

Despite a high prevalence of mental disorders, with 30 % of South Africans suffering from a mental illness during their lifetime <sup>7</sup>, South Africa lacks the required mental health specialized workforce to manage mental health challenges: there is only approximately 1 psychiatrist per 66,000 people in South Africa <sup>8</sup>.

To address these challenges, Sanofi has partnered with the South African National Department of Health, the Foundation for Professional Development (a private provider of higher education) and the World Association of Social Psychiatry to upskill and empower primary health care practitioners (HCPs – medical officers and nurse practitioners) to diagnose and manage people with mental disorders

This one-year program is based on a blended mental health care training approach combining a 3-day face to face workshop with 4 months of e-learning. The ambition is to upskill across the 9 provinces of South Africa 1,000 HCPs that practice in rural or peri-urban public health facilities.

Trained HCPs are also linked via the Vula mobile app to public sector specialists at hospitals to allow mHealth consultations and up-referrals when required.

As of 31<sup>st</sup> December 2019, 1,120 HCPs had completed the training workshops. Four hundred and seventy-two HCPs had started the eLearning and 337 of them had completed all 18 modules.

Questionnaires completed pre- and post-training showed significant increases in terms of confidence in performing mental health activities and in managing mental disorders (+51 % and +48 %, respectively).

Data from the Vula mobile app show that psychiatry referrals went from 5 in January 2019 to 2,630 at the end of the year.

Find out more about our program in South Africa: <https://ncdalliance.org/turning-the-tide/films/meeting-minds>.

References: 1. WHO Media Centre, Mental Disorders Fact sheet, 9 April 2018. 2. WHO Media Centre, Epilepsy Fact sheet, 20 June, 2019. 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. Khin Maung Gyee. A letter from Yangon, Myanmar. *Lancet Psychiatry*, 2019; 6:99. 6. Boston University School of Public Health, Dept of Global Health, Access Observatory. Access Observatory 2019 Report. (online) available from <https://www.accessobservatory.org/programs-sanofi>. 7. Herman A et al. The South African Stress and Health (SASH) study: 12- month and lifetime prevalence of common mental disorders. *S Afr Med J* 2009; 99: 339-344. 8. WHO – Mental Health Atlas 2017 – Country profile – South Africa.