"Global Mental Health community meeting"

Grand Challenges Canada® Grands Défis Canada®
BOLD IDEAS WITH BIG IMPACT®

October 8-10, 2014, Seattle, USA

DHEVELOP

Domestic health visitors to improve access to care for people living with epilepsy in Lao PDR

Phetvongsinh CHIVORAKOUN[1,2], Farid BOUMEDIENE[2], Vimalay SOUVONG[1], Devender BHALLA[3], Daniel REINHARZ[1], Philaysak NAPHAYVONG[1], Nao BOUTA[5], Daniel GERARD[3], Peter ODERMATT[4], Pierre-Marie PREUX[2].

[1] The Francophone Institute for Tropical Medicine (IFMT), Vientiane, Lao PDR - [2] INSERM UMR 1094, Tropical Neuroepidemiology, Limoges, France
[3] Department of access to medicines, Sanofi , Paris ,France - [4] Swiss Tropical and Public Health Institute, Basel, Switzerland - [5] Ministry of Health of Lao PDR

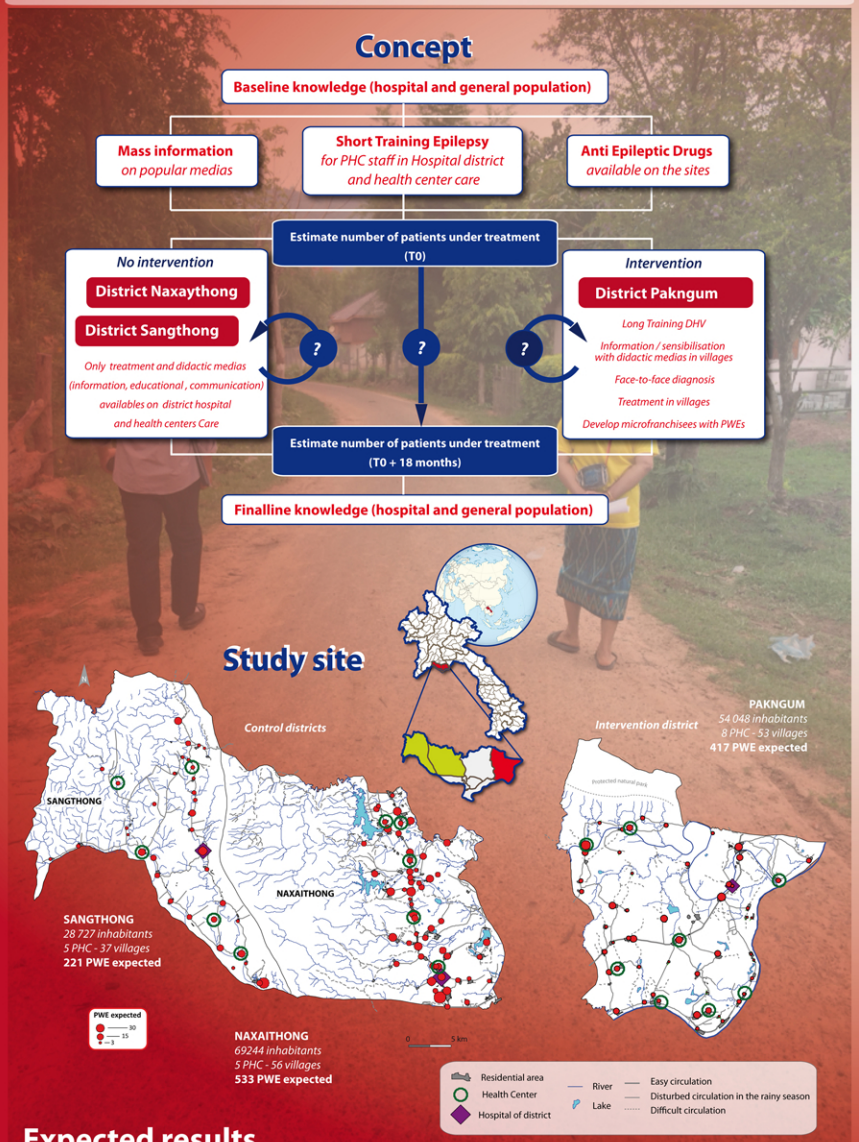
Background

It is estimated that there are 70 million people with epilepsy worldwide and 80% of them live in developing countries. In Laos, several previous studies highlighted the difficult challenges that must be addressed: prevalence of 7.7 per thousand with a treatment gap of more than 90%, cultural beliefs, low availability of treatment, poor knowledge of health personnel.

Objective

The aim is to test the effectiveness of a primary health care (PHC) approach, namely the domestic health visitors (DHV), performed by health centre staff, to improve access to treatment and care of people with epilepsy (PWE).

Concept



Method

This is a clinical trial that will be conducted during two years from 2014 in three districts of Vientiane capital: one intervention district (Pakgnum with 417 PWEs estimed) and two control districts without intervention (Naxaythong with 533 PWEs and Sangthong with 221 PWEs estimated). The intervention is actions of DHV who will identify suspected cases in villages and will give mass information by an information education communication tool. The treatment will be delivered at home to all confirmed cases (at hospital) every months by DHV. The identification and follow-up of PWE will be supported by mobile phones for neurologist consultation.

Intermediate outcomes

Detailed presentation : June 11-13, 2014, Meeting GCC, Bethesda, USA

1 First meeting with people responsable of from the health care system

24th April 2014 - Provincial health service, Vientiane
14 participants *from MOH, provincial health service, centre hospital, district hospital*
Agreement to collaborate and to implement program

2 Mass media and Information Education Communication (IEC) tools

The material of IEC tools are designed about picture and text to adapt with local context.

- **Daily radio message** — *For the whole population*
- **Poster & Brochure & Cartoon** — *For the general population*
- **Box picture** — *For the DHV during IEC public meetings*
- **Follow-up book** — *For the PWE*

3 Baseline evaluation KAP on general population, PWE and family member

318 villagers interviewed
35 PWEs interviewed *prevalent cases identified*
50 family members interviewed

profiling interviewee (15 questions)
conditions of accessibility to the PHC (7)
knowledge about epilepsy (11)
attitudes face PWE (9)
practices (7)
stigma (3) with Jacoby scale

[may 2014], the survey involves three groups: the villagers, People With Epilepsy (PWE) already identified and their caregivers. The questionnaires contain 52 items (excluding identification) organized around six themes.

Detailed presentation : october 8-9, 2014, Meeting GCC, Seattle, USA

4 Short training for all PHC staff (intervention and control area)

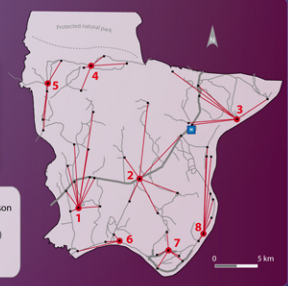
August 18-19-20, 2014 - Hospital of Capital Vientiane Province - 38 participants
Evaluation KAP on PHC staff (before training)
20 hours for a general training about epilepsy, appropriate attitudes and adapted treatments

5 Long training only for future DHVs in intervention area

September and October 2014 - Hospital of district Pakngum -
18 participants - 76 hours for a specialized training about DHV competences and missions
Important part of practice - Evaluation KAP on DHV (after training)

6 Work plan of DHVs in area of competence

id map	PHC place	*n* DHV	*n* villages	Total population	*n* PWE expected
1	Nafay	3	11	11,027	84
2	Naxone	2	7	7,608	59
3	Pakngum	2	7	8,351	64
4	Xienglaetha	2	5	4,694	36
5	Thakokhai	2	5	6,990	54
6	Maknaotai	2	4	4,070	32
7	Dongkaleum	2	6	4,990	39
8	Dontai	2	8	3,783	29



Next steps

7 Continuous recording system of incident cases and follow-up during 18 months
8 Program of microfranchise (requires PWE under treatment since 3 months)
9 Final evaluation KAP on general population, PWE and family member, PHC staff

Expected results

We expect to reduce by 25% the treatment gap, to increase 70% adherence of PWE to their treatment, to improve 60% of knowledge attitudes and practices of PWE and their families, related to epilepsy and the treatment, to increase 80% in the knowledge, skills, and sense of confidence and independence among the PHC staff. Furthermore, we expect to reduce by 60% the stigma regarding epilepsy in the PWE, their families and the communities.

Conclusion

Conclusion - The effectiveness of this action will be evaluated through a set of indicators dealing with the improvement of living conditions of PWEs (seizures, compliance, stigmatization and return to activity). This project is one of the few evaluating through a clinical trial, an intervention to decrease treatment gap in epilepsy in a developing country.

Contact : phetvongsinh@yahoo.fr