

**Providing Sustainable Mental Healthcare in Kenya,
Nairobi, January 2015**



**CORPORATE
SOCIAL
RESPONSIBILITY**

**The WASP / Sanofi Approach
to sustainable healthcare for MNS disorders**

In partnership with external stakeholders, we mobilize Sanofi's core skills to sustainably improve access to medicines by

- 1. Developing medicines to meet current and future patient needs**
- 2. Making medicines affordable, through adapted pricing policies**
- 3. Developing information and educational tools for comprehensive disease management : prevention, diagnosis and treatment**

Sanofi - Access to Medicines department

Therapeutic areas



PANDEMIC DISEASES

MALARIA TUBERCULOSIS



NEGLECTED TROPICAL DISEASES

SLEEPING SICKNESS LEISHMANIASIS

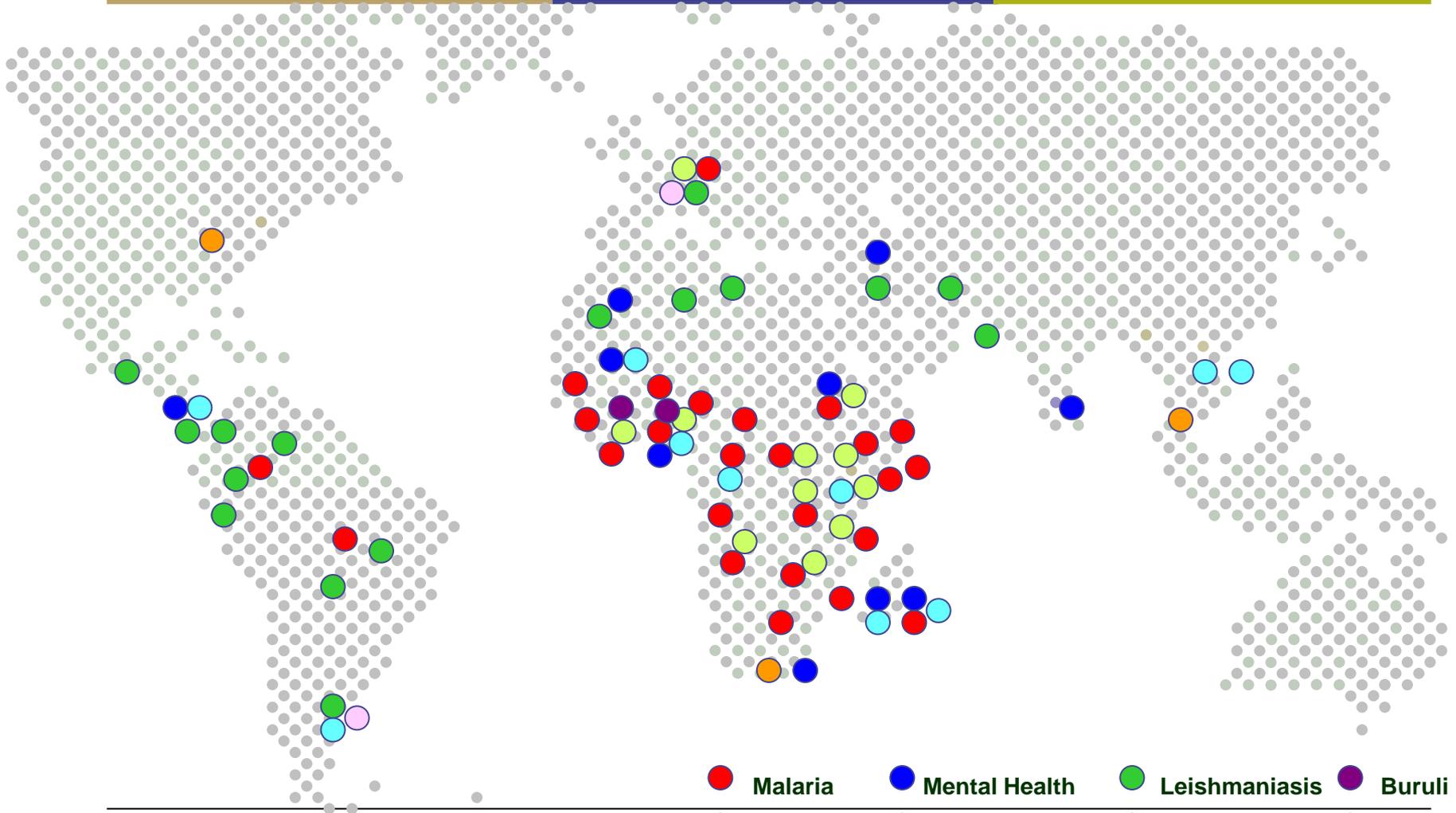


NON COMMUNICABLE DISEASES

EPILEPSY MENTAL HEALTH

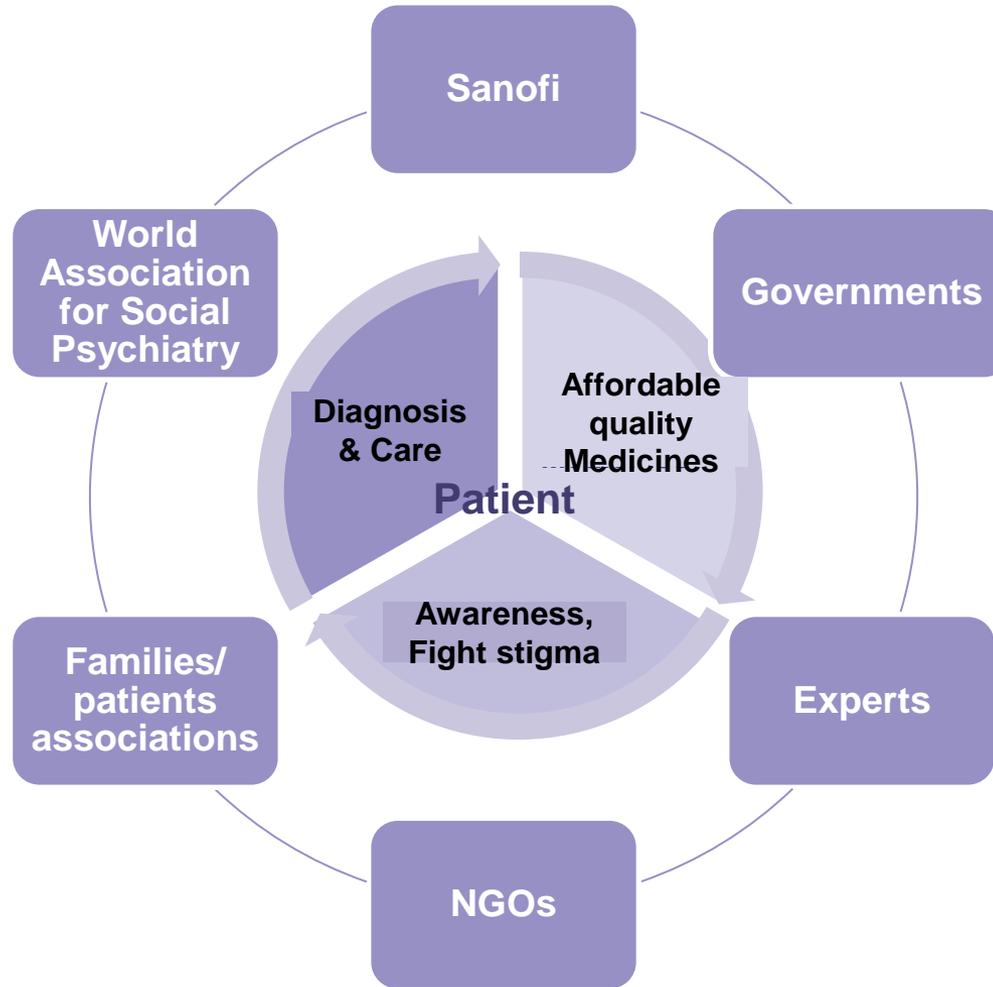


Sanofi - Access to Medicines department Partnerships



- | | | | |
|---------|---------------|---------------|--------------|
| Malaria | Mental Health | Leishmaniasis | Buruli Ulcer |
| TB | Epilepsy | HAT | Chagas |

Sanofi Access to Medicines Mental Health & Epilepsy operating model



World Association for Social Psychiatry (WASP)



The World Association for Social Psychiatry (WASP) was **inaugurated in 1964**. **Substantially revitalised in 2010** under the leadership of Professor Driss Moussaoui and an elected Executive committee.

The solutions to many of the handicaps of mental illness need not wait for the discovery of biological causes or some revolutionary treatment advance. Outcomes could already be substantially improved if more consistent attention was given to implementing what we already know to be effective and if more attention was paid to addressing the social exclusion, stigma, enforced idleness and coercive practices that haunt psychiatry.

Task forces and scientific sections focused on fighting coercion in psychiatry, suicide and promoting prevention were established along with a large programme **(Fighting Against Stigma – FAST) aimed at bringing improved psychiatric care to some of the poorest countries in the world.**



Tom K J Craig
President World Association for Social Psychiatry /
Professor of Social & Community Psychiatry, King's College London

Awareness of MNS diseases



Simple message:
“MNS disorders
are diseases as
many other. They
can be treated.
Patients must not
suffer from
stigma”



Political decision
makers



Primary healthcare
professionals



Patients & Families



Community

Information–Education–Communication tools

Inform communities, families and patients
Train healthcare providers

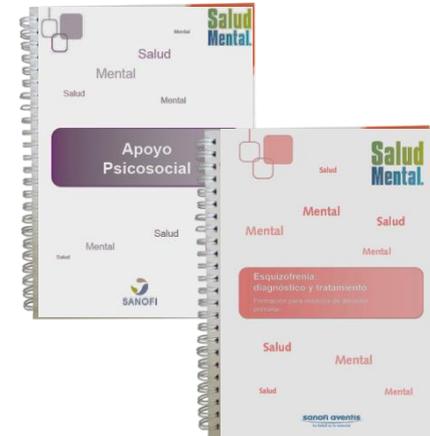


Provision of quality MNS care throughout the healthcare system



Train primary health care providers

- Slide kits (Schizophrenia, Mood disorders, Psychosocial support, Epilepsy...)
- WHO mhGAP guide for treatments
- Videos of patients
- Clinical cases
- Role plays...



Provide continuous education for specialists

- Experience-sharing opportunities:
- IMPACT Mental Health Forum : 1/year
- IMPACT Epilepsy Forum : 1/year
- IMPACT Mental Health e-network

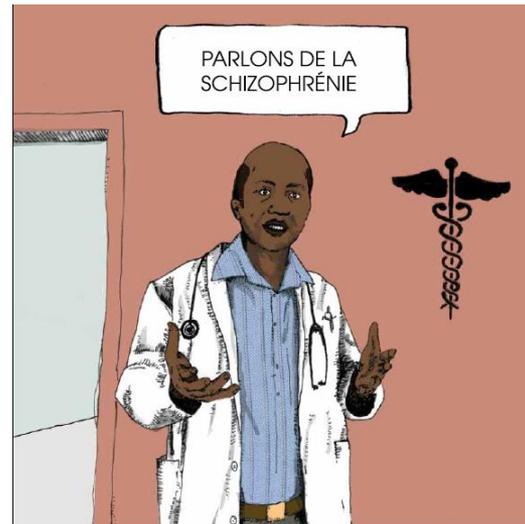
Information–Education–Communication tools Adapted with local partners



Example : educational comic strip on schizophrenia



**North Africa version
Morocco**



**Sub-Saharan Africa version
Benin**



**Latin America version
Guatemala**

● Anti Epileptic Drugs

- **Phenobarbitone** 100 mg
Dakar plant
100 tablets / box, in blisters
- **Valproic Acid**

● Neuroleptics

- **Chlorpromazine**
- **Levomepromazine**
- **Amisulpride**

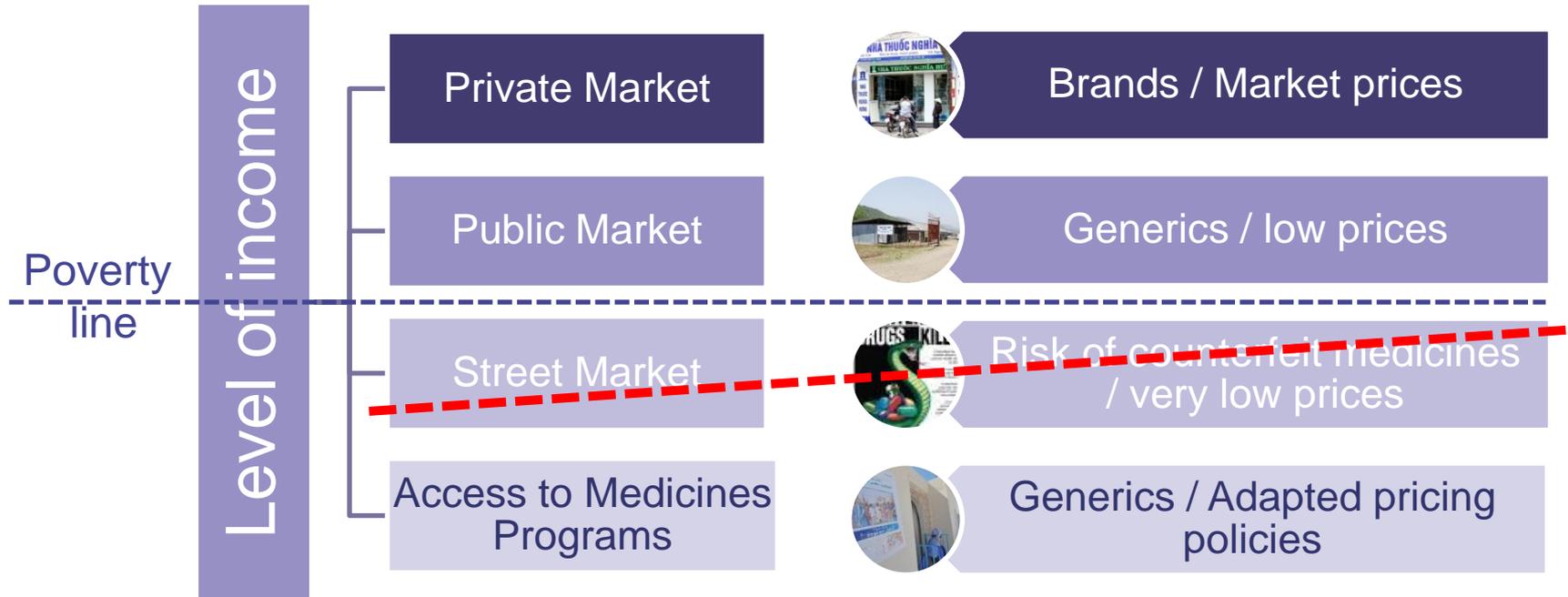
● Mood Stabilizers

- **Valproic Acid**

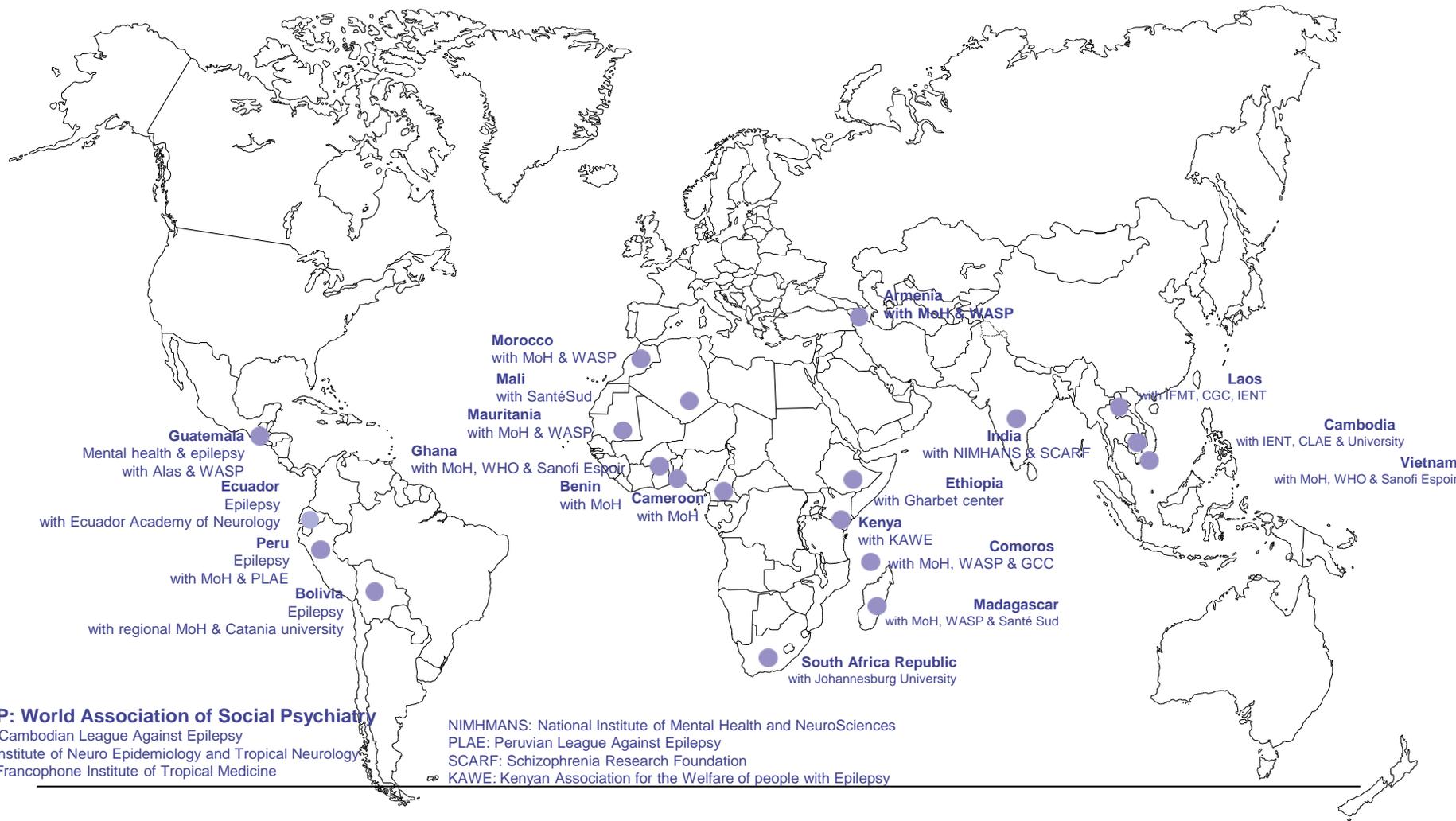
● Anti Depressant Medications

- **Sertraline** (ongoing stability studies)
- **Venlafaxine** (ongoing stability studies)

Affordable, quality medicines



Mental & Neurological Disorders: Our Programs / Our Partners



WASP: World Association of Social Psychiatry

CLAE: Cambodian League Against Epilepsy
 IENT: Institute of Neuro Epidemiology and Tropical Neurology
 IFMT: Francophone Institute of Tropical Medicine

NIMHMANS: National Institute of Mental Health and NeuroSciences
 PLAE: Peruvian League Against Epilepsy
 SCARF: Schizophrenia Research Foundation
 KAWKE: Kenyan Association for the Welfare of people with Epilepsy

“Alas pro Salud Mental”, Atitlan, Guatemala *“The wings for mental health”*



CIVIL WAR 1980 – 1990s

PSYCHOSIS STUDY 2002

STAN HURICANE 2005

MENTAL HEALTH NETWORK 2006

SANOFI - MoH - WASP 2010



created 2013 in Atitlan



“Alas pro Salud Mental”, Atitlan, Guatemala

“*The wings for mental health*”



Achievements (December 2014)

- Community information :
 - 1000 people attended lectures and workshops
 - Weekly radio program, posters, flyers...
 - Mental health day public events
- Traditional healers involved
- Health care providers trained : primary care physicians, and public health centres personnel of 10 districts
- Patients' families association created
- Medicines: partnership with the pharmacy of Atitlan hospital and Sanofi for affordable treatments
- Microfinanced loans to support local business run by patients and their families (12 in 2013, 13 in 2014)
- Approximately 100 patients included in program

Twamaya pilot program, Comoros

(« Hope program »)

A telepsychiatrist for communities in the Union of Comoros



Background

- People with mental disorders or epilepsy resort mainly to traditional healers.
- Primary health care professionals are not adequately trained in mental health
- **Only 1 psychiatrist available.**
- Stigmatization and discrimination
- Transportation difficult & expensive

Objective

- Reduce the treatment gap by 30% in Schizophrenia and Epilepsy in 18 months in the **Bambao-Itsandra pilot zone** (120 000 population)

Funding

- Grand Challenges Canada



Twamaya pilot program, Comoros

(« *Hope program* »)

A telepsychiatrist for communities in the Union of Comoros



Achievements (December 2014)

- Meetings with MoH and local decision makers
- Information and training materials adapted
- Building equipped for telemedicine in the hospital's psychiatric department
- Health care providers recruited and trained
 - Physicians and nurses from 7 community health centres
 - 90 Community Health Workers and 3 supervisors

Nadar Akhar (“Another look”) Nationwide program, Morocco



Background

- **2008-2011: Pilot program in Benslimane area**
 - Awareness (traditional healers NOT involved)
 - Training of primary care health professionals
 - Free of charge antipsychotic medicines
- **2011: « Right to health » included in the New constitution**
- **Mental Health high governmental priority 2012-2016**
- **Mental health care included in primary health care centers**

MoH / WASP / Sanofi partnership

- **April 2013 - April 2018**
- **Therapeutic domains:**
 - Schizophrenia / Mood disorders / Anxiety Disorders / Addiction / Child Psychiatric Disorders / Epilepsy
- **National program (3 implementation steps)**
 - Casablanca
 - South and East provinces
 - Rest of the kingdom

Nadar Akhar (“*Another look*”) Nationwide program, Morocco



Achievements (December 2014)

- Information and education materials adapted locally
- Medicines available at no cost
- 5 family associations exist
- Awareness meetings with teachers (20), school directors (50), members of women’s association, and general population
- Creation of groups of GPs and nurses working with 1 psychiatrist / 1 neurologist
- 37 General Practitioners trained in Casablanca area
- About 150 patients with schizophrenia included in the program (to be confirmed)

Conclusion: lessons learned

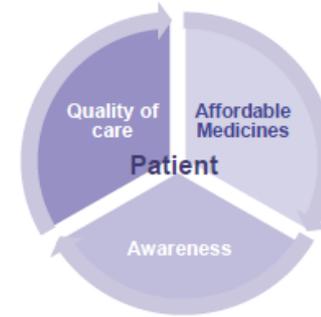
Some lessons learned (1)



- **One size does not fit all: country-by-country approach required**

- **Need to manage 3 fronts in parallel**

- Awareness of communities
- Health care providers training
- Provision of affordable quality medicines



- **Sustainability of initiatives is a huge challenge**

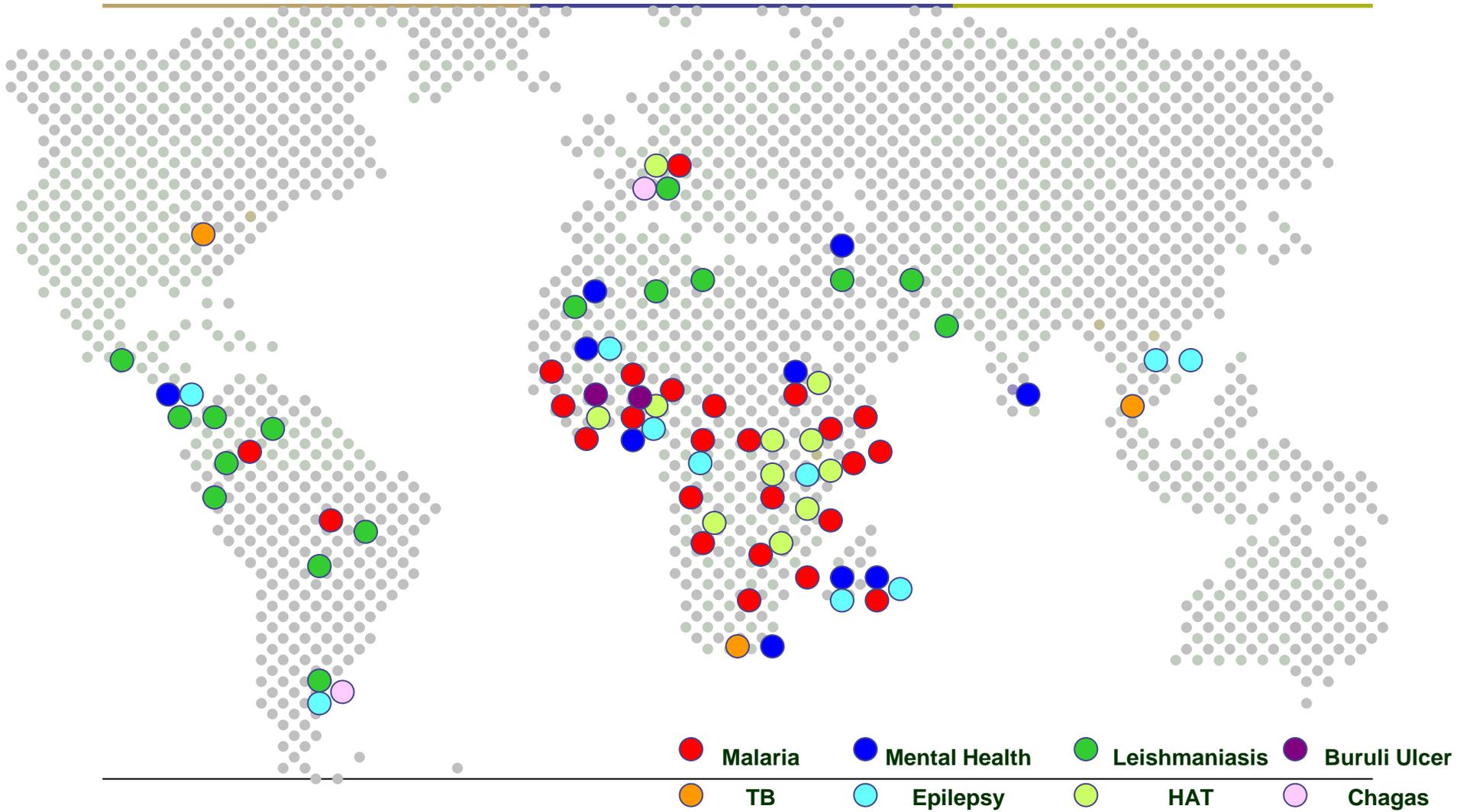
- Sustained political support is a must
- Pilot initiatives often rely on a single individual
- Complexity of partnerships with multiple public, private and NGO stakeholders
- All stakeholders' incentives and rewards systems must be understood and dealt with

Some lessons learned (2)



- **Complexity of managing low-priority programs in resource-limited settings**
- **Local pilot programs critical to build awareness. Need to be designed right from the start to inform decisions at country level**
- **Need for broad partnerships with clear governance rules**

Access to Medicines Partnerships



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