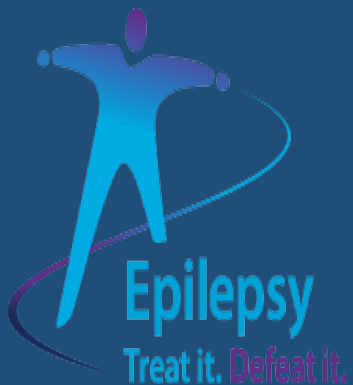


Ghana Fight Against Epilepsy Initiative

Providing Sustainable Mental Health Care in Ghana

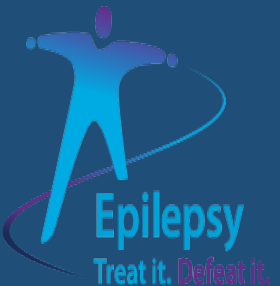
Dr Cynthia Sottie
Ghana Health Service



Project overview

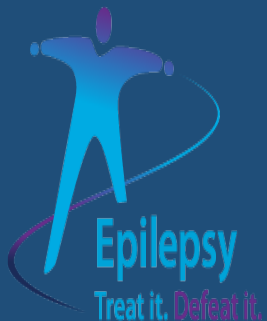
- WHO Programme on Reducing the Epilepsy Treatment Gap
- 4 year project 2012-2015
- MOH/WHO collaboration
- Support from Sanofi Espoir Foundation

Goal: improve access to care and services for people with epilepsy



Objectives

- To develop and engage in the strategy for delivering epilepsy care
- To promote training of all professional health care providers, making them competent in diagnosing and treating epilepsy
- To improve awareness of community groups to decrease stigma and increase demand for epilepsy care
- To integrate provision of care and services for epilepsy within the primary health care system
- To monitor and evaluate the project and disseminate new ideas and knowledge

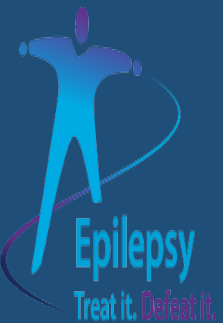


Activities carried out

- Established a National/District Coordinating Committee
- Developed situational analysis report: national, regional, district levels
- Community engagement : - meeting with opinion leaders, durbars
- Training 330 community volunteers
- Adaptation of WHO MH Gap IG for training
- Training of 404 primary health care providers in epilepsy management
- Gradual scaling up: coverage now 10 districts in 5 regions
- Developed Monitoring and Evaluation Strategy
- Developed draft model of epilepsy care
- Developed public education and promotional materials – posters

Challenges in developing and executing project

- Epilepsy care continues to be deemed a low priority
- Late release of funds to carry out planned activities
- Getting trained staff to practice what they have learnt, still reserved for mental health staff
- Erratic shortage of AEM
- Low financial support for MH activities in the regions – T&T for home visits and monitoring, office space, other logistics
- Logistical barriers preventing timely submission of M&E forms: e.g. internet connectivity



Partnerships critical to success of project

- Briefing Minister of Health, DG GHS on project
- Involvement of all stakeholders at the initial stage – meeting, selecting NCC members, District level
- Introduction of project to Regions – involvement RHMT/DHMT in choosing districts – support and buy-ins
- Engagement of opinion/community leaders – participation, support
- Meeting with traditional and faith based healers, collaborating with them to refer patients for physical management, visit to prayer camps

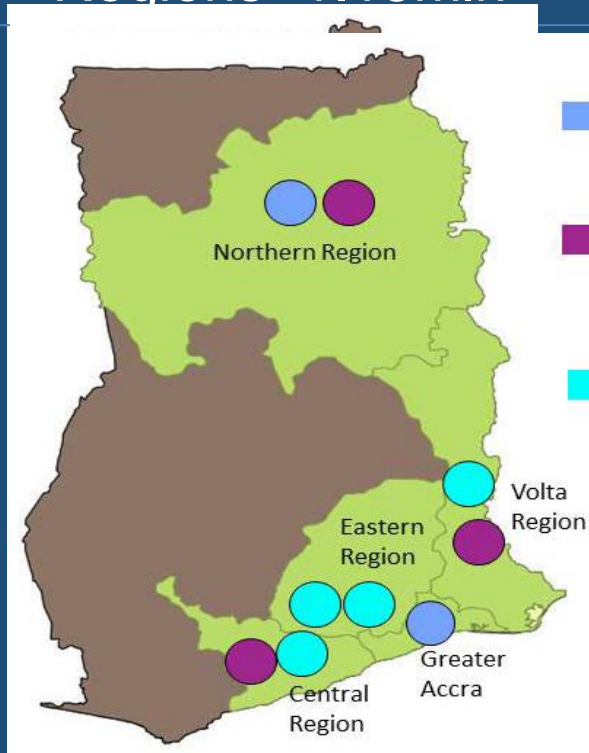
Challenges and Sustainability issues

- Integration of epilepsy management into primary health care at all levels
- Training of health care providers
- Improving access to AEMs
- Promoting patient registration with the NHIS
- Improving community awareness
- Monitoring and Evaluation (M&E) – integration into routine health information systems
- Financial sustainability

Integration of epilepsy management in primary health care

- Participating facilities are beginning to integrate epilepsy into primary health care provision
- Important to strengthen and expand to the whole country

Current: 10 Districts in 5 Regions- 1.15mln



Goal

- Epilepsy care available in all districts in primary health care facilities
- Uninterrupted supply of AEMs
- Significant reduction of epilepsy treatment gap

Training and support of health care providers

- Training carried out successfully in participating districts
- Coverage must be expanded
- Movement of trained health care providers impacts on patient care

Type of Training	Number Trained
Training of Trainers and Supervisors	14
Non-specialists	404
Community Volunteers	330

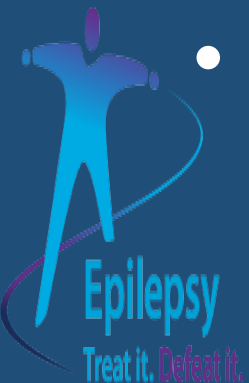
- Concentrated in participating districts
- Leaves coverage gaps when reassigned to new location
- Ghana has ~250,000 people with epilepsy who require care

Access to Anti Epileptic Medicines (AEMs)

- Challenge: *Intermittent or constant stock outs due to shortages and breaks in the supply chain.*
- Reports of consistent difficulty in accessing AEMs for patients from the implementing sites, serious implications for patients
- Role of regional pharmacist in getting medicines
- Procurement and supply system to ensure adequate supply of AEM
 - Accurate quantification at facility, district, regional, national level
 - Adequate reporting of needs to national level
- Partnerships with NGOs and other initiatives to provide AEM – WVI, Basic Needs, Breast Care International

Community Awareness

- Progress made, however continue and expanded to reach more people
- Partnership with civil societies, NGOs and other partners
- Involvement of traditional and faith healers, religious leaders in community awareness activities
- Active involvement of family members of people with epilepsy to garner material or financial support
- Integration of epilepsy into existing health-related community awareness projects
- Establishment of epilepsy self-help groups



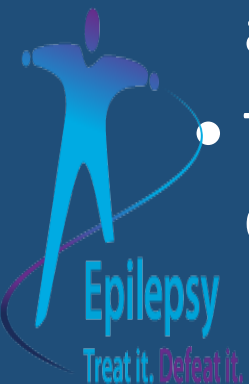
Monitoring and Evaluation

National level:

- Strengthen health information systems to capture data on epilepsy on DHMIS
- Include epilepsy indicators in monitoring checklist at the national level

Regional and district levels

- R/DHMT to include epilepsy in its routine monitoring and supervisory activities
- Train health care workers to accurately collect, collate and analyze data & provide adequate support



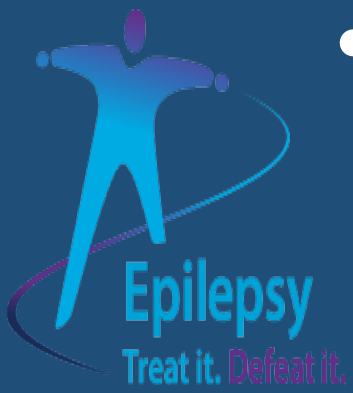
Lessons learnt

- Initial stakeholders engagement important
- Used existing health care delivery structures
- Regular monitoring and supervision
- AEM supply chain analysis and improvements are crucial for project's on-going success since there were frequent shortages
- Administrative delays regarding the release of funds can impact activity plans

Conclusion

The FAEI can be integrated into primary health care if:

- Activities of the initiative are integrated into existing training and health care delivery systems
- Continued high level of commitment and support from the government
- Continued effective leadership, team work and community support at all levels of care
- Continued epilepsy education to promote utilization of services and reduce social stigma



Thank you for your attention

