

Scaling up epilepsy care in Myanmar

A close-up portrait of a woman with dark hair, looking directly at the camera. She has a slight smile and is wearing a small earring. The background is blurred, showing other people in a room.

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Myanmar Epilepsy Initiative Pilot Project: 2013-2017



Project Focal: Department of Neurology, YGH

Implemented by MoHS, with the technical support of WHO and UCB. Project Coordination Committed formed to facilitate implementation.

Launched in 2013

- Year 1 (2013) : preparatory phase (situation analysis and KAP surveys, Development of IECs, training manuals and reporting formats.**
- Year 2 (2014) and onwards: Prevalence Survey in 5 townships and Implementation phase.**
- By 2017 – Total 12 Townships covered.**

Situation Analysis & KAP surveys 2013 - 2014

SA: Helgu and Hmawbi townships

KAP: Thanlyin, Kawhmu and Lewe townships

Among community members and Health Care Providers (HCP)



**Interviewing HCPs and community in
Hmawbi and Hlegu Townships**

Main results from Situation Analysis

Community

- 22-42% would not want their children to play with epileptic children
- 83-89% did not want their off-spring married to a person with epilepsy
- 80-89% disagreed to employing a person with epilepsy
- 18% had the misconception that people with epilepsy should take treatment from faith healers

Myanmar Epilepsy Initiative

Health care providers

- More than 80% never attended trainings on epilepsy
- But 95% said they wanted the training.

Population size and epilepsy prevalence in the 10 townships

Township	Total population (2015)	Estimated No. of epilepsy cases	Prevalence (Per 1000 pop)
Hlegu	214 967	335.80	1.56
Hmawbi	199 993	377.24	1.89
Kawhmu	127 246	148.15	1.16
Kyaikhto	169 454	237.24	1.4*
Lewe	287 024	460.66	1.60
Nyaungdon	226 967	249.66	1.1
Sagaing	300 900	421.26	1.4*
Taunggyi	382 534	535.55	1.4*
Thahton	265 737	372.03	1.4*
Thanlyin	232 437	193.95	0.83
TOTAL	2 407 259		

*Estimated prevalence

Vision, mission and logo of the MEI

Vision

- Improving the quality of life of people with epilepsy

Mission

- Increasing community access to epilepsy treatment and care through integrating epilepsy services in the primary health care system

Logo

- “HOPE FOR EPILEPSY”

Objectives of the Myanmar Epilepsy Initiative

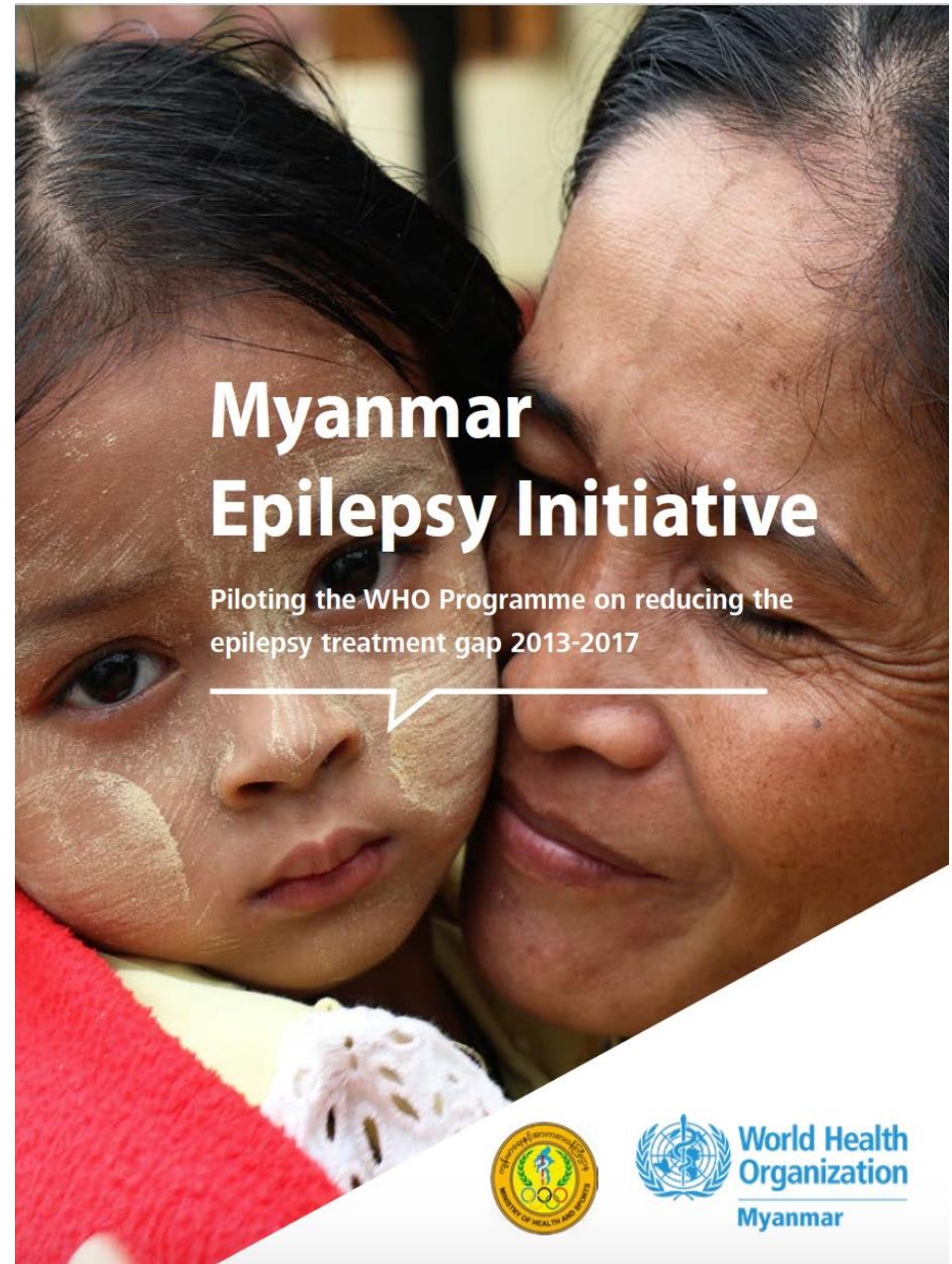
1. To strengthen the healthcare system to ensure the delivery of quality care and support for people with epilepsy
2. To promote training of health care providers, including Basic Health Staff, to ensure quality care and effective services for people with epilepsy
3. To ensure long term and sustainable access to affordable antiepileptic medications
4. To increase public awareness about epilepsy, including schools, in order to help reduce the misconceptions, stigmatization and discrimination for people with epilepsy and their families
5. To promote or encourage investment in epilepsy research

From pilot project to pioneering programme

Results from the pilot showed success in 12 townships, **coverage increased from 2% to 47%** in just 4 years of data collection.

However, outside the pilot townships a **treatment gap remains**

Achieving **universal health coverage** can only be possible with wider implementation



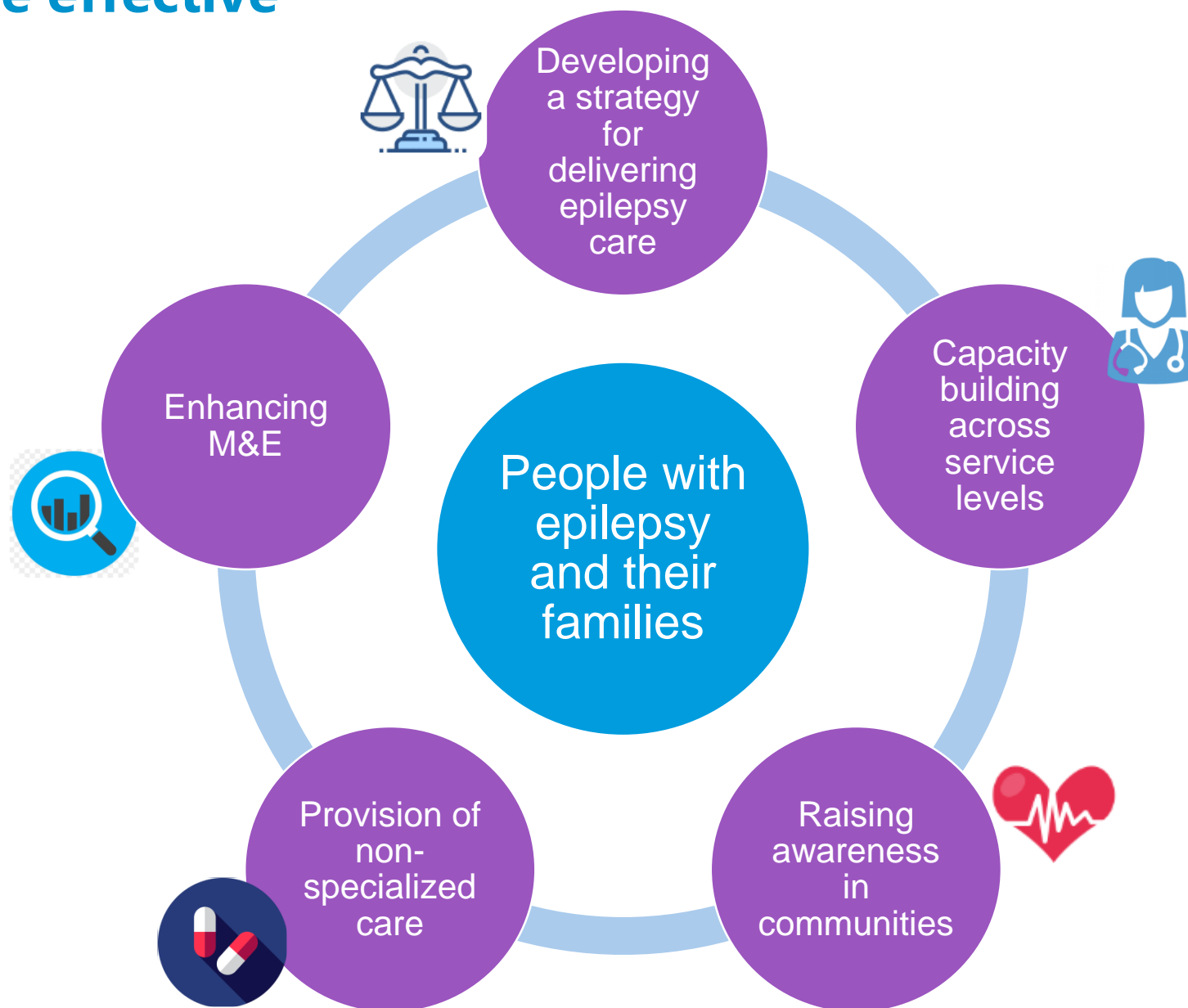
Programme Goal

To develop a blueprint for nationwide implementation of the Myanmar Epilepsy Initiative, i.e. to test an innovative implementation model to successfully move from a pilot project to an intermediate national programme.

Four objectives

1. Strengthen the health system and delivery of services for epilepsy care at state/regional and township level;
2. Raise awareness and knowledge of general public on epilepsy, including people with epilepsy and their families;
3. Ensure effective monitoring and evaluation, and;
4. Test the use of technology to facilitate implementation.

Epilepsy care model designed in the pilot was shown to be effective



mhGAP provides evidence based guidelines

Epilepsy is one of eight priority MNS conditions that can be effectively addressed in primary health care

mhGAP Intervention Guide

for mental, neurological and substance use disorders
in non-specialized health settings

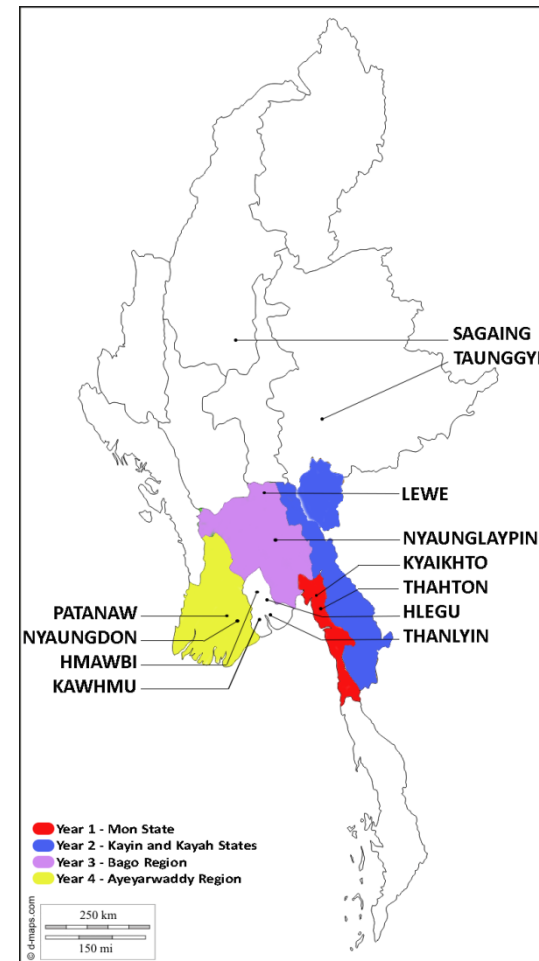
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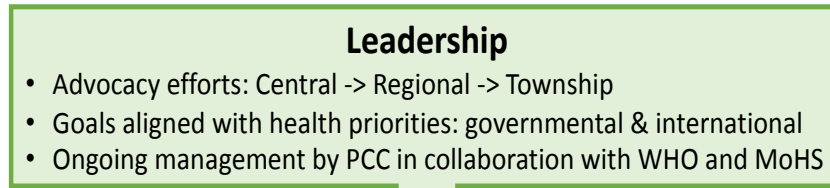
Methods of implementation

The programme will reach an additional 73 townships (85 including pilot), 100% coverage of townships in 5 states/regions by the end of 2021.

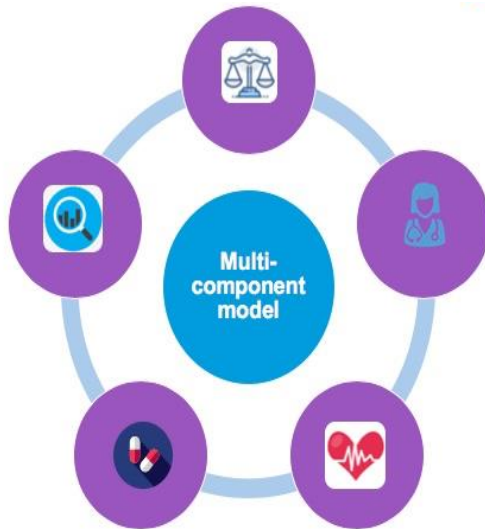
- **Year 1:** Mon State
 - 2 pilot and 8 new townships
- **Year 2:** Kayin and Kayah States
 - 14 new townships
- **Year 3:** Bago Region
 - 1 pilot and 27 new townships
- **Year 4:** Ayeyarwaddy Region
 - 2 pilot and 24 new townships
- Ongoing: 7 pilot townships in Yangon, Naypyitaw, Sagaing, and Shan states/regions



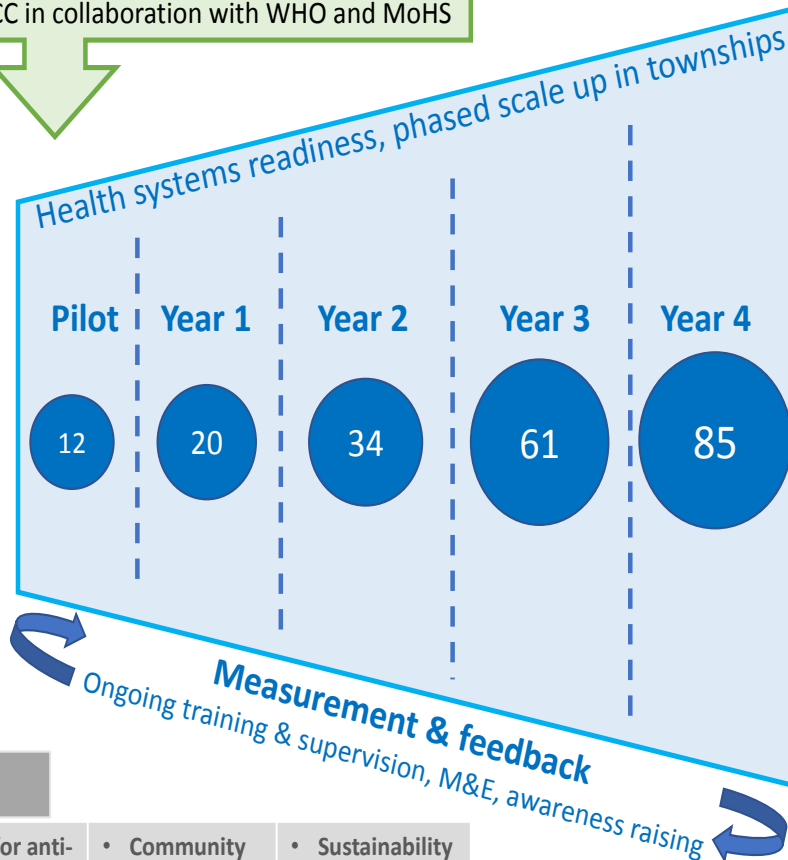
Framework for scaling up



Lessons from the pilot



Planning scale up



National scale up

Support systems for scale up

- Health infrastructure (e.g. human resources & facilities)
- Health management information system
- Supply chain for anti-seizure medication
- Community acceptability
- Sustainability mechanisms

Programme leadership

Compared to the pilot, this is a more decentralized, with enhanced leadership at state/regional level and integrated approach to health systems strengthening

Three levels of WHO collaboration



WHO Country
Office for
Myanmar



Regional
Office, South-
east Asia



Headquarters

Across service levels in MoHS



Central



State/regional

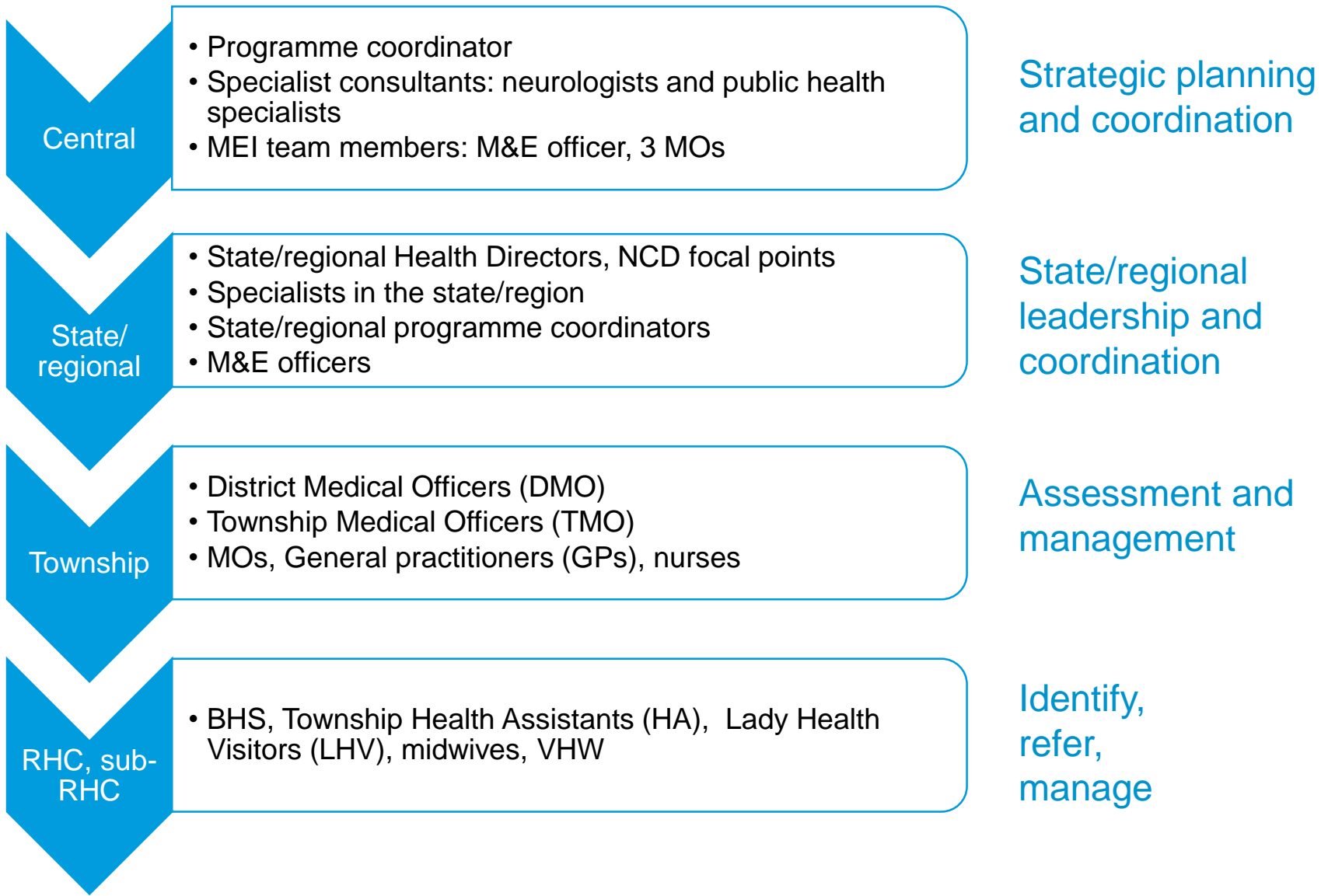


Township



RHC, sub-RHC

Roles & responsibilities



Objective 1

Strengthen the health system and delivery of services for epilepsy care at state/regional and township level

1.1 Integrate **epilepsy care** into primary health care services

1.2 Enhance the **capacity of the existing workforce** through training

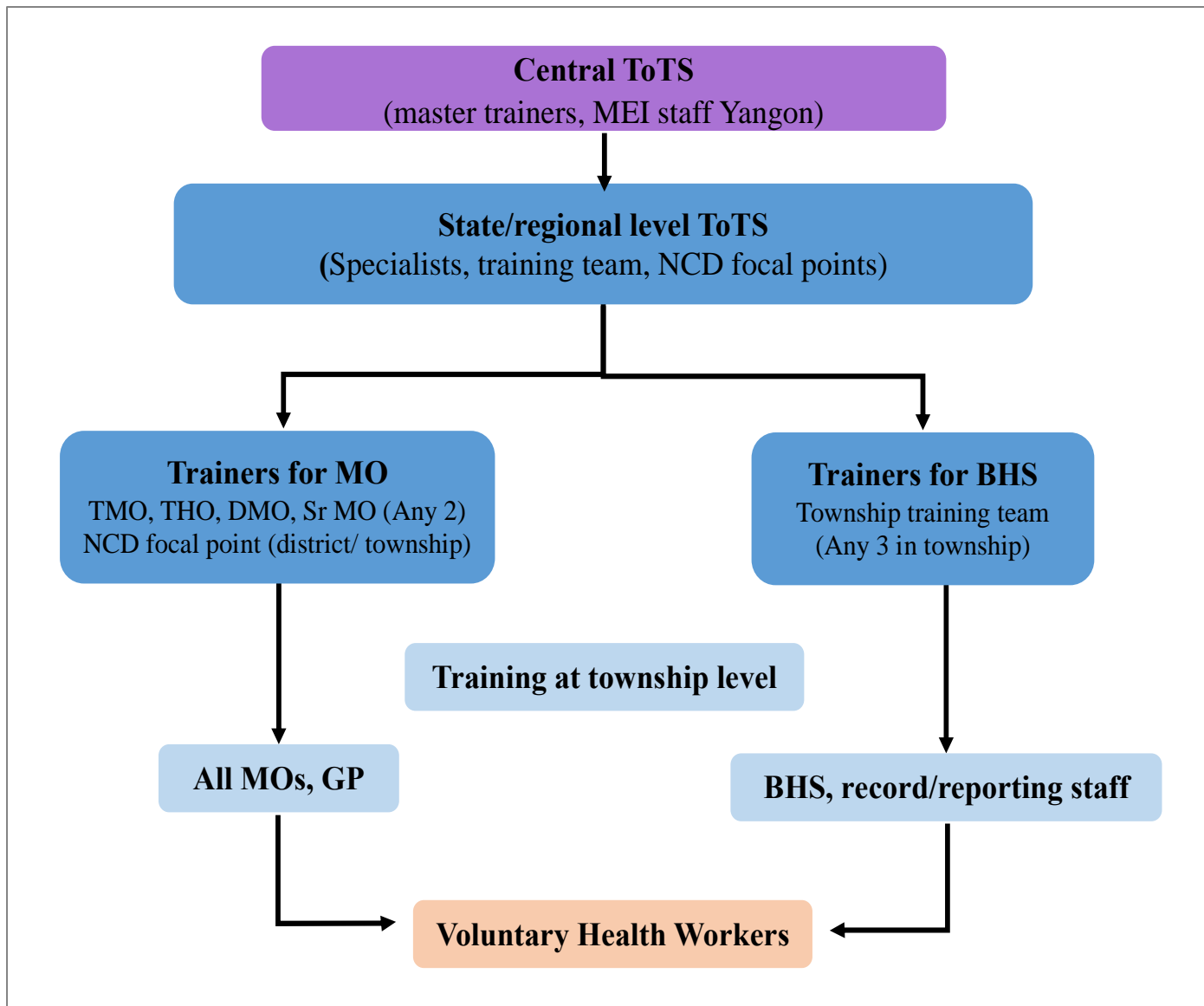
1.3 Provide **supportive supervision** at all levels to ensure quality services

1.4 Establish a **referral system** for appropriate treatment in primary, secondary, tertiary care



Cascade model of training

Across levels of service provision to enhance care pathways for people living with epilepsy



Objective 2

Raise awareness and knowledge of general public on epilepsy, including people with epilepsy and their families



2.1 Improve knowledge on epilepsy among the general public, people with epilepsy and their families

2.2 Reduce the stigma and discrimination faced by people with epilepsy and their families

Epilepsy Support Group

Established in the pilot, active in the scale up programme

- In February, 2018 Epilepsy support group was established with family members with people living with epilepsy.
- Purple day, 2018 (To increase worldwide awareness of epilepsy, and to dispel common myths and fears of the neurological disorder) was held on March 26 in Yangon Children Hospital.)



Objective 3

Ensure effective monitoring and evaluation

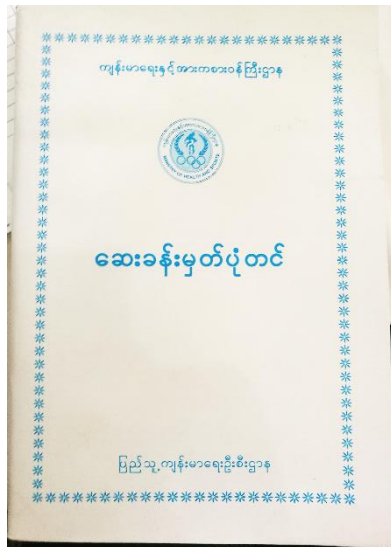
3.1 Routine monitoring and evaluation by M&E officers and other programme team members at **central and state/regional levels**

3.2 **Integrate epilepsy indicators** into the routine Health Management Information System



Reporting forms

- Intake and follow up consultations, matched cases
- Referral and back referral forms
- Monthly facility reporting



မြန်မာ့ ဖိစီး အန္တရာယ် စီမံကိန်း

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Objective 4

Test the use of technology to facilitate implementation



4.1 **Explore the use of technology** to support programme activities and reducing the burden of epilepsy in townships; ;learn from other NCD programmes

4.2 Support **knowledge sharing** between health providers and people living with epilepsy using existing technology

4.3 **Develop and test** an e-learning, training and data collection platform for providers, with offline functionality

Sustaining epilepsy care

- Integration into Primary Health Care Services
- Trainings to health care personnel at all levels
- Ensuring procurement of AEDs
- Increasing awareness and health education to the public on epilepsy



Thank you

