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Letter to the Editor

Manpower gap: An important barrier against reduction of the treatment gap of epilepsy

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Sir,

We read with interest of the authors' experience from Nepal[1] and that they rightly point out the urgent need to bridge the manpower gap in this country. This gap is disturbingly high, not only in Nepal but in most other low-income countries (LICs) and is the most common direct cause of the diagnostic and treatment gaps in the management of epilepsy.

The authors are also right to call for the training of people other than neurologists. However, the question which "other" people should be trained is also tricky because it is not just neurologists, but also less specialized doctors, nurses, and midwives who are lacking and who are also unequally distributed. Most LICs have fewer healthcare staff (doctor, nurse, or midwife) than the 2.3/1000 recommended as a millennium goal.[2] Thus, there is an inevitable need to find "newer resources" who may serve as service-providers.

We are working toward solving this issue of manpower in two Asian countries, namely Cambodia and Laos by working along with the department of access to medicines of Sanofi (France) and other partners. We have engaged primary health center (PHC) staff to provide a trained, home-based, professional epilepsy care. There are several reasons why PHCs and their staff can productively contribute to fulfill service-gaps in LICs. PHCs are the most fundamental part of a country's healthcare system. Thus, their engagement may directly strengthen a country's healthcare system as well as "truly decentralize" the distribution of core professional services. It is recently noted that implementing medical care at the primary level is crucial to improve the treatment gap and adherence among PWEs.[3] PHCs are already in place in LICs and working and have staffs employed by the government. Most PHCs are staffed by a low and mid-level workforce and are an equivalent of a medical assistant but already provide variety of health services to the population with minimal expert support. PHC staffs are a "local resource", known to the population, which may help build a closer patient–healer relationship. Unlike other strategies (e.g. organizing regular visits from external experts), engagement of PHC staff may remove long and uncertain periods between visits from experts. Most importantly, PHC staffs are stable, reliable, and least likely to migrate out, despite their meager income.

PHCs or their equivalents exist in most LICs, including in the remotest provinces. Thus, by using existing resources, we can expect to meet the immediate needs of PWEs (read: treatment). A PHC-based strategy can also be "replicated" for wider implementation. For example, in Laos, 1000 PHCs serve six million (1 PHC/6000 of the population). Given a prevalence of epilepsy of 7.7/1000,[4] each PHC would be expected to have responsibility for 46 people with epilepsy (PWEs). Simple technologies such as mobile phones or telecommunication can connect PHCs with local more expert doctors.

The authors also point out quite correctly that there is a need for a greater commitment from the developed world toward capacity-building in LICs. We have been carrying out activities to help with the manpower gap in many countries for many years. Neurologists and neurorehabilitation specialists have become available in countries where none had existed.[5] Programs for provincial practitioners have helped to make trained expertise available in remote areas. Events providing professional training and academic exchange have also been carried out for medical students in LICs. For example, in 2011, a large international conference and series of seminars on neurology were organized in Cambodia with a support from the department of access to medicines of Sanofi (France) during which a number of medical students were invited to participate as part of their medical curriculum.

We are convinced that it is possible to reduce many of the needless difficulties, which blight the lives of PWE in LICs. However this requires commitment, patience, and collaboration.

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