

BREAKING BARRIERS IN PARADISE ISLAND...

Setting up neuro-rehabilitation services in Mauritius

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1. Research carried out with Mauritius Research Council and published in Arch. Of Phys Med and Rehab in Dec 2012:

- Support from Ministry of Health and Quality of Life (Mauritius) and Mauritius Research Council (MRC)
- Mauritius is a successful economy in Africa.

GDP per capita \$ 9133.

2014: Health spending per capita \$482 (UK \$3,935).

2015: Health expenditure reached 5% of GDP (UK 8.5%, France 10.4%)

Mauritius has a great record of stability, a positive record on human rights, it has nice beaches.

Good progress in the health sector with improving economy

Discrepancy between advanced "frontline" services and those available rehabilitation.

Challenges in neurological rehabilitation:

- High Incidence of medical causes of neurological disability: Diabetes (prevalence of type 2 diabetes aged 20-74 years: 20.5%; High Blood Pressure (prevalence: 28.4%) leading to:

Stroke

Sub Arachnoid Haemorrhage (Non traumatic bleeding in the brain or spine)

High Incidence of Traumatic Events: Falls, Sports (diving), Road Traffic Accidents

2014: Number of road accidents: 26,400

Casualties (fatalities and persons injured from road accidents): 3,592.

42% were riders of automotor cycles, 24% passengers,

17% pedestrians, 14% drivers and 3% pedal cyclists.

may lead to:

Acquired Brain Injury (ABI)

Spinal Cord Injury (SCI)

Stroke

Treatment:

A review of the rehabilitation system in Mauritius suggests: .

No structured multi-disciplinary working in rehabilitation for physiotherapists, occupational therapist, speech and language therapists, and specialist doctors.

Lack of awareness on pressure ulcer prevention, management of the paralysed bladder or bowels, mobility, or speech

2. November 2015: Field trip confirmed our concerns:

(Expenses for the trip partly funded by Royal Bucks Hospital Aylesbury, UK

Support from Ministry of Health and Quality of Life (Mauritius) and Chinmaya Mission)

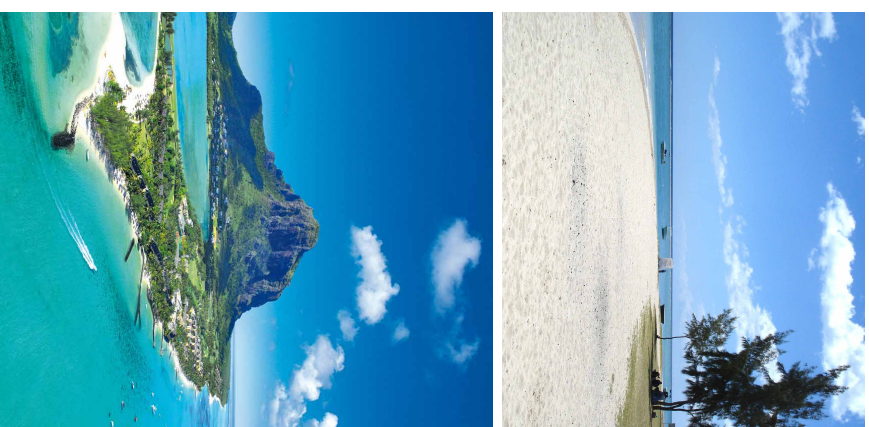
High incidence of pressure ulcers.

Most patients had an incontinence catheter in situ, bowels were poorly managed and the majority had

Houses, public buildings, roads and pavements were all inaccessible to wheelchairs.

We could not find disabled friendly vehicles on the island.

Transport of patients was a real challenge.



3. August 2016: Visit to Mauritius:

- Meetings with Minister of Health and the officials at the Ministry of Health
- Interviews with two main national newspapers (L'Express and WEEK-END), national radio (Mauritius Broadcasting Corporation) and MBC-TV.
- Help and support from Chinmaya Mission Mauritius.

Purpose: Bring awareness on issues of Neuro-disability

4. Action Plan:

Setting up of Charities:

Neuro-Rehabilitation Action Mauritius NERAM Foundation.

Neuro-Rehabilitation Action-UK NERAX-UK

Actions:

Presenting Business cases

Fund-raising activities

Government level:

Training of clinicians (doctors, nurses, therapists)

on principles of management in Neurorehabilitation

(prevention and treatment of pressure ulcers, management

of neurogenic bladder and bowels, psychological support;

aids and equipment, manual handling)

Review infrastructure in the hospitals.

Community (with input from Chinmaya Mission Mauritius):

two plots of land have been made available for the project.

Projects:

Short term (March 2017): With input from a team of

physiotherapists, occupational therapists, tissue viability

nurses, doctors- all specialised in neuro-rehabilitation.

Training of community neuro-rehabilitation workers,

patients, families and carers (face-to-face, e-learning)

Educational programmes on:

Prevention of accidents

Prophylactic treatment of medical

complications (pressure ulcers, constipation),

Manual handling

Transfers

Aids and equipment.

Principles of house adaptations.

Other topics as identified by specialists

Medium term (September 2017): Set up Outreach Clinics

and Mobile Facilities to bring neuro-rehabilitation near

patients' home

