

Fifth report of Committee B

(Draft)

Committee B held its eighth meeting on 26 May 2015 under the chairmanship of Mr Michael Malabag (Papua New Guinea).

It was decided to recommend to the Sixty-eighth World Health Assembly the adoption of the attached resolution relating to the following agenda item:

13. Noncommunicable diseases

13.5 Global burden of epilepsy and the need for coordinated action at the country level to address its health, social and public knowledge implications

One resolution

Agenda item 13.5

Global burden of epilepsy and the need for coordinated action at the country level to address its health, social and public knowledge implications

The Sixty-eighth World Health Assembly,

Considering resolution WHA66.8, in which the Health Assembly adopted the comprehensive mental health action plan 2013–2020, and resolution WHA67.22 on access to essential medicines;

Acknowledging United Nations General Assembly resolution 68/269 and resolution WHA57.10 on road safety and health, resolution WHA66.12 on neglected tropical diseases, resolution WHA67.10 on the newborn health action plan, resolution WHA67.15 on strengthening the role of the health system in addressing violence, in particular against women and girls, and against children, and the discussions on the control of neurocysticercosis and its association with epilepsy at the Fifty-sixth World Health Assembly;¹

Noting the Political Declaration of the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases,² at which Heads of State and Government recognized that mental and neurological disorders are an important cause of morbidity and contribute to the global noncommunicable disease burden, necessitating provision of equitable access to effective programmes and health-care interventions;

Considering the Millennium Development Goals, the outcome document of the United Nations Conference on Sustainable Development entitled “The future we want”,³ and the report of the Open Working Group on Sustainable Development Goals, established pursuant to United Nations General Assembly resolution 66/288, which proposes Goal 3 (Ensure healthy lives and promote well-being for all at all ages) and target 3.4 (by 2030 reduce by one-third premature mortality from non-communicable diseases through prevention and treatment, and promote mental health and well-being);⁴

Recognizing that epilepsy is one of the most common serious chronic neurological diseases, affecting 50 million people of all ages globally, and that people with epilepsy are often subjected to stigmatization and discrimination because of ignorance, misconceptions and negative attitudes surrounding the disease, and that they face serious difficulties in, for example, education, employment, marriage and reproduction;

¹ See document WHA56/2003/REC/3, summary record of the fourth meeting of Committee A.

² United Nations General Assembly resolution 66/2.

³ United Nations General Assembly resolution 66/288.

⁴ Document A/68/970.

Noting with concern that the magnitude of epilepsy affects people of all ages, gender, race and income levels, and further that poor populations and those living in vulnerable situations, in particular in low- and middle-income countries, bear a disproportionate burden, posing a threat to public health and economic and social development;

Cognizant that large differences exist in the level of epilepsy management in different countries, with, for example, the median number of neurologists in low-income countries standing at only 0.03/100 000 population, that the essential antiepileptic medicines are often unavailable, that the treatment gap is estimated to be over 75% in low-income countries and to be substantially wider in rural areas than in urban areas;

Noting that the majority of people with epilepsy can be free from seizures if appropriately treated with cost-effective, affordable antiepileptic medicines;

Recognizing in addition that certain causes of epilepsy can be prevented and that such preventive action can be promoted in the health sector and in sectors outside health;

Aware that in 1997, WHO and two international nongovernmental organizations, the International League Against Epilepsy and the International Bureau for Epilepsy, launched the Global Campaign against Epilepsy – “Out of the Shadows”, and that in 2008 WHO launched its mental health gap action programme, which provided a sound basis for WHO to further lead and coordinate global development work on epilepsy;

Aware also that practice in China and some other low-income countries has proved that country-level coordinated action may be very effective in controlling the disease and improving the quality of life of millions of people with epilepsy at little cost;

Recognizing the remarkable progress made recently in the technology of epilepsy management, from basic research to diagnosis and treatment;

Considering that international governmental organizations, nongovernmental organizations, academic societies and other bodies have recently enhanced their investment in epilepsy management and have undertaken a significant amount of work in collaboration with national governments, such as the International League Against Epilepsy and the International Bureau for Epilepsy, which are in official relations with WHO and have been collaborating with WHO in epilepsy management for several decades;

Recognizing the role of WHO to demonstrate further leadership and coordination and take effective action for epilepsy management, in view of the large public health impact,

1. URGES Member States:¹

- (1) to strengthen effective leadership and governance, for policies on general health, mental health and noncommunicable diseases that include consideration of the specific needs of people with epilepsy, and make the financial, human and other resources available that have been identified, as necessary, to implement evidence-based plans and actions;

¹ And, where applicable, regional economic integration organizations.

- (2) to introduce and implement, where necessary and in accordance with international human rights norms and standards, national health care plans of action for epilepsy management, aiming to overcome inequalities and inequities in health, social and other related services, paying special attention to people with epilepsy living in conditions of vulnerability, such as those living in poor and remote areas, including by strengthening public health care services, and by training local human resources with proper techniques;
 - (3) to integrate epilepsy management, including health and social care, particularly community-based services, within the context of universal health coverage, including community-based rehabilitation, into primary health care, where appropriate, in order to help to reduce the epilepsy treatment gap, by training non-specialist health care providers in order to provide them with basic knowledge for the management of epilepsy so that epilepsy can be diagnosed, treated and followed up as much as possible in primary health care settings, as well as by empowering people with epilepsy and their carers for greater use of specified self- and home-care programmes, by ensuring a strong and functional referral system and by strengthening health information and surveillance systems to routinely collect, report, analyse and evaluate trends on epilepsy management;
 - (4) to support the establishment and implementation of strategies for the management of epilepsy, particularly to improve accessibility to and promote affordability of safe, effective and quality-assured antiepileptic medicines and include essential antiepileptic medicines into national lists of essential medicines;
 - (5) to ensure public awareness of and education about epilepsy, in particular in primary and secondary schools, in order to help to reduce the misconceptions, stigmatization and discrimination regarding people with epilepsy and their families that are widespread in many countries and regions;
 - (6) to promote actions to prevent the causes of epilepsy, using evidence-based interventions, within the health sector and in other sectors outside health;
 - (7) to improve investment in epilepsy research and increase research capacity;
 - (8) to engage with civil society and other partners in the actions referred to in subparagraphs 1(1) to 1(7) above;
2. INVITES international, regional, national and local partners from within the health sector and beyond to engage in, and support, the implementation of the actions set out in subparagraphs 1(1) to 1(8) above;
 3. REQUESTS the Director-General:
 - (1) to review and evaluate the actions relevant to epilepsy that WHO has been leading, coordinating and supporting in order to identify, summarize and integrate the relevant best practices with a view to making this information widely available, especially in low- and middle-income countries;

(2) to develop, in consultation with relevant stakeholders, on the basis of work requested in operative paragraph (1), a set of technical recommendations guiding Member States in the development and implementation of epilepsy programmes and services, and to provide technical support to Member States in actions for epilepsy management, especially in low- and middle-income countries;

(3) to report back to the Seventy-first World Health Assembly on progress in the implementation of this resolution.

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