

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

Draft resolution proposed by People's Republic of China and Russian Federation

The Executive Board,

Having considered the report on the global burden of epilepsy and the need for coordinated action at the country level to address its health, social and public knowledge implications,

RECOMMENDS to the Sixty-eighth World Health Assembly, the adoption of the following resolution:

The Sixty-eighth World Health Assembly,

PP1 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;

PP2 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;

PP3 Noting the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases (New York, 19 and 20 September 2011), at which it was 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;

PP4 Considering the Millennium Development Goals, which will end in 2015, the United Nations Conference on Sustainable Development (Rio+20; Rio de Janeiro, Brazil, 20–22 June 2012), the Rio+20 Open Working Group on Sustainable Development Goals and its proposed Goals, particularly 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 (NCDs) through prevention and treatment, and promote mental health and wellbeing);

PP5 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 misconceptions and negative attitudes surrounding the disease, and that they face serious difficulties in, for example, education, employment, marriage and reproduction, and that a heavy burden is placed as a result on family, society and government;

PP6 Cognizant that big differences exist in the level of epilepsy prevention and control in different nations, 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 substantially higher in rural areas than in urban areas;

PP7 Noting that up to 75% of people with epilepsy can be free from seizures if appropriately treated with cost-effective, affordable antiepileptic medicines;

PP8 Recognizing in addition that certain causes of epilepsy can be prevented and that prevention of epilepsy can be promoted in the health sector and in sectors outside health;

PP9 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 in 2008 WHO launched its mental health gap action programme, that both initiatives obtained very good results and thus provided a sound basis for WHO to further lead and coordinate global development work on epilepsy;

PP10 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;

PP11 Recognizing the remarkable progress made recently in the technology of epilepsy prevention and control, from basic research to diagnosis and treatment;

PP12 Considering that international governmental organizations, nongovernmental organizations, academic societies and other bodies have recently enhanced their investment in epilepsy prevention and control and have undertaken a significant amount of work in collaboration with national governments, as the International League Against Epilepsy and the International Bureau for Epilepsy, which have official relations with WHO and have been collaborating with WHO in epilepsy prevention and control for several decades.

PP13 Noting that the International League Against Epilepsy and the International Bureau for Epilepsy have suggested that an annual International Epilepsy Day be established, to be celebrated on the second Monday of February every year;

PP14 Recognizing the urgent need for WHO to demonstrate further leadership and take proper effective action for epilepsy prevention and control,

(OP1) 1. URGES Member States:

- (1) to strengthen effective leadership and governance. Policies on general health, mental health and noncommunicable diseases should include consideration of care for people with epilepsy. Budgets should be allocated that are commensurate with the human and other resources that have been identified as necessary to implement agreed-upon evidence-based plans and actions;
- (2) to introduce and implement, in accordance with international human rights norms and standards, national health care plans of action and services for epilepsy prevention and control, paying particular concern to vulnerable people with epilepsy living in poor and remote areas, strengthening basic public health care services, training local human resource with proper techniques, overcoming inequality and inequity in medical services;
- (3) to integrate epilepsy management into primary health care in order to help to reduce the epilepsy treatment gap, by training non-specialist health care providers to provide them with basic knowledge for the prevention and control of epilepsy so that epilepsy can be diagnosed and treated in primary health care settings, 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 prevention and control;
- (4) to support the establishment of strategies for the prevention and control of epilepsy, for increasing equitable access to affordable antiepileptic medicines, including essential antiepileptic medicines in national essential medicines lists, and for the reimbursement of the cost of such medicines in national health insurance systems;
- (5) to increase public awareness of and education about epilepsy, in order to help to reduce the misconceptions and stigmatization of people with epilepsy and their families that are widespread in countries and regions;
- (6) to improve investment in epilepsy research and increase research capacity;
- (7) to collaborate and coordinate with civil society and other partners in the actions referred to in subparagraphs 1(1) to 1(6) above;

(OP) 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(6) above;

(OP) 3. REQUESTS the Director-General:

- (1) to review and evaluate the actions relative to epilepsy prevention and control that WHO has been leading, coordinating and supporting in order to identify, summarize, integrate and distribute the relevant best practices to other nations, especially low- and middle-income countries;

(2) to [draft a Global Action Plan against epilepsy, guiding Member States and especially low and middle income countries in the implementation of introduce and implement] national epilepsy programs and services, and to provide technical support to Member States in actions for epilepsy prevention and control.

(3) to monitor the progress of Member States' coordinated country-level actions for epilepsy prevention and control and international partnerships and report on progress achieved, through the Executive Board, to the Seventy-first and Seventy-fourth World Health Assemblies.

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