

**PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION**

News and Public Information

News Release

Governments in the Americas Will Create Epilepsy Care Programs

Washington, D.C., 29 September 2011 (PAHO/WHO) – The countries of the Americas, with support from the Pan American Health Organization/World Health Organization (PAHO/WHO), will work together to create national programs for the care and treatment of epilepsy, a neurological disorder that affects some 5 million people in the Americas.

Only 10 countries in the hemisphere currently have a national epilepsy care program in place. At a meeting of the 51st PAHO Directing Council this week, representatives of PAHO/WHO Member States approved a strategy and plan of action that calls for the creation of similar programs in the rest of the region's countries, setting a target of 20 countries with such plans by 2015 and 30 by 2020.

Epilepsy is a chronic disorder of the brain characterized by recurrent seizures, which are physical reactions to sudden, usually brief, excessive electrical discharges in a group of brain cells. Globally the disorder affects some 50 million people.

Health authorities from the countries of the Americas agreed to make epilepsy a priority issue and to strengthen the health sector response to the disorder, with a focus on primary health care.

The strategy also addresses gaps in treatment: currently more than 50% of people with epilepsy in Latin America and the Caribbean do not have access to appropriate treatment and care.

The strategy and action plan was developed by PAHO/WHO based on a consultative process with partners including the International League against Epilepsy (ILAE), the International Bureau for Epilepsy (IBE), ministries of health and other national organizations, WHO's Department of Mental Health and Substance Abuse, and other experts.

Under the new strategy, countries will work to:

- Make epilepsy a national health policy priority, implementing national programs that are adapted to conditions in each country
- Strengthen legal frameworks to protect the human rights of people with epilepsy and to ensure effective enforcement of relevant laws
- Promote universal and equitable access to medical care for all people with epilepsy by strengthening primary care systems and integrated service networks
- Ensure the availability of the four antiepileptic drugs considered essential for treatment of the disorder
- Strengthen neurological services to support case detection and management at the primary care level, ensuring adequate distribution of the necessary auxiliary diagnostic media

- Support effective participation by the community, patient associations and family members in activities designed to improve care for people with epilepsy
- Consider the strengthening of human resources as key to improving national epilepsy programs
- Promote intersectoral and educational initiatives to combat stigma and discrimination against people with epilepsy
- Close the information gap in the field of epilepsy by improving the production, analysis, and use of information, including research
- Strengthen partnerships between the health sector, other sectors, and nongovernmental organizations, academic institutions, and key social actors.

Epilepsy may be caused by genetic, structural, metabolic, or unknown factors. Among structural factors, the most common causes in Latin America and the Caribbean are infectious and parasitic diseases (particularly neurocysticercosis), perinatal brain damage, vascular diseases, and head trauma. All of these conditions are preventable.

The prognosis in cases of epilepsy depends on the illness's etiology, as well as early and sustained treatment. An estimated 70% of people with epilepsy can lead normal lives if they receive proper care.

The majority of Latin American and Caribbean countries have the four basic drugs (phenobarbital, phenytoin, carbamazepine, and valproic acid) needed for treatment, but only at the secondary and tertiary levels of care. Ensuring the supply of these antiepileptics is essential, given that seizures can be controlled with monotherapy regimens in up to 70% of cases.

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