



DESAFIOS Y OPORTUNIDADES

Dr. Marco T Medina
Dr. Jorge Rodriguez
Dr. Carlos Acevedo

Declaración de Santiago 9 de Septiembre 2000

DECLARACIÓN DE SANTIAGO PARA LA EPILEPSIA EN LATINOAMERICA



Declaración de Santiago 2000

**DECLARACION DE SANTIAGO PARA LA EPILEPSIA EN
LATINOAMERICA Y LA INSTAURACION DEL DIA
LATINOAMERICANO DE LA EPILEPSIA, EL DIA 9 DE SEPTIEMBRE
DE 2000, EN SANTIAGO DE CHILE**



Discurso de Michelle Bachelet 9 de Septiembre del 2000

“Saludamos esta iniciativa como un avance significativo en la senda que nuestro país se ha querido dar, para cumplir el compromiso adquirido con nuestra población, de garantizar el acceso oportuno a atenciones de salud de calidad, sin discriminaciones de ninguna especie”

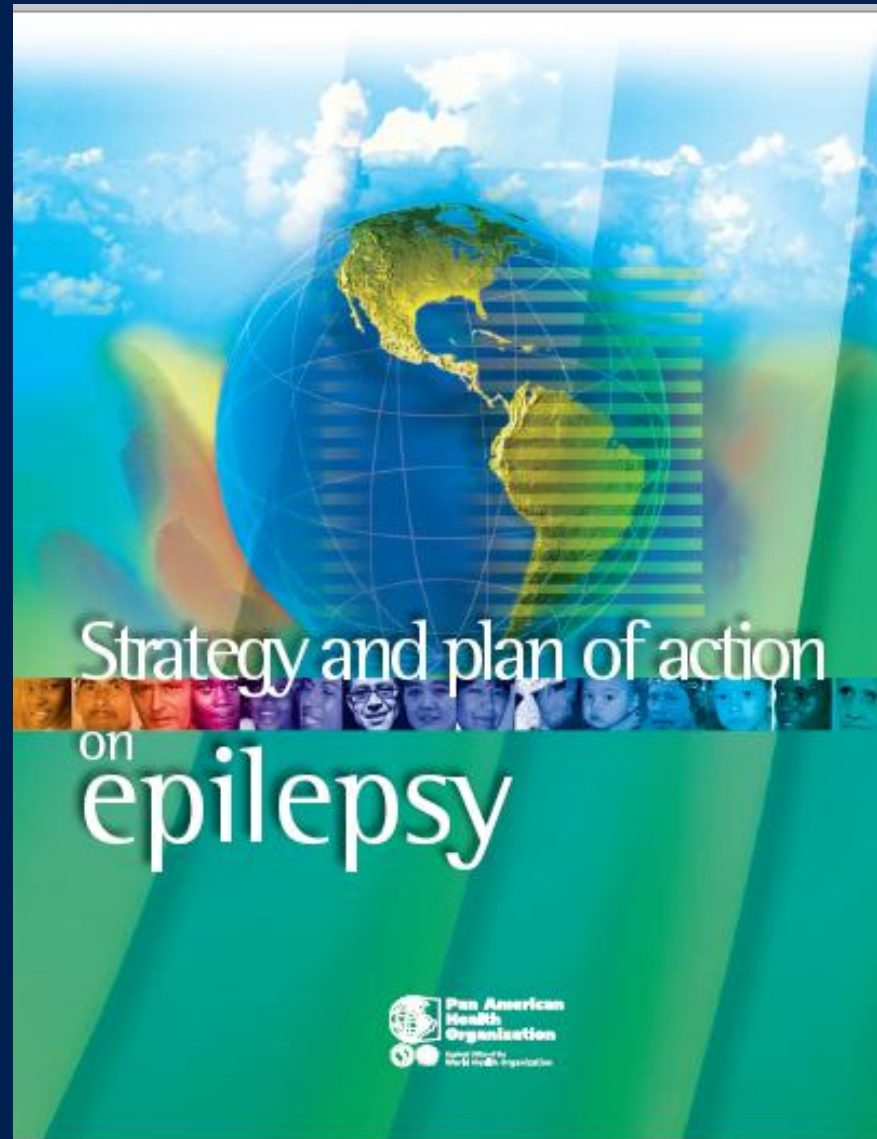




PAHO STRATEGY AND PLAN OF ACTION ON EPILEPSY



Documento de base 2011



PAHO/ILAE AND IBE AGREEMENT

- NOVEMBER 14TH, 2012



PAHO, ILAE and IBE joined forces to launch an unprecedented agreement for our time



Target: The Americas (47 countries)



**Pan American
Health
Organization**

Regional Office of the
World Health Organization



























Bienvenido
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Welcome
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 Argentina
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 Bahamas
 Barbados
 Belize
 Bermuda
 Bolivia
 Brazil
 British Virgin Islands
 Canada

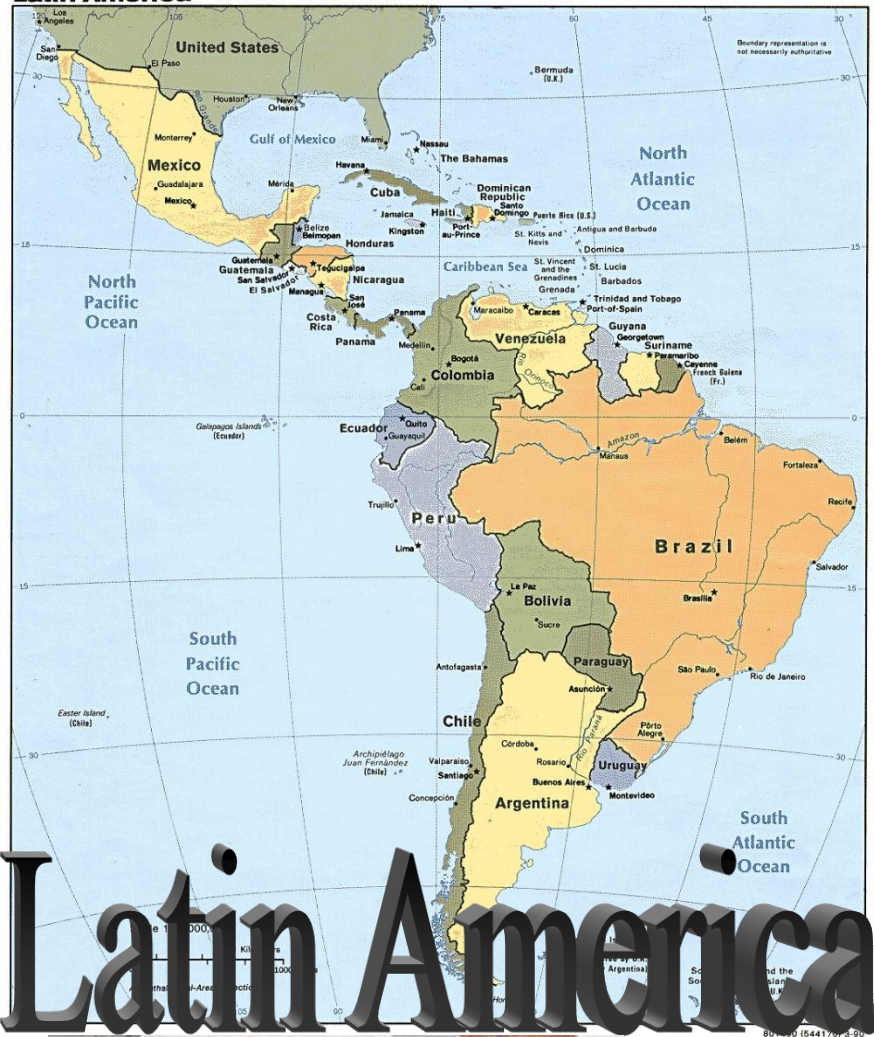
 Cayman Islands
 Chile
 Colombia
 Costa Rica
 Cuba
 Dominica
 Dominican Republic
 El Salvador
 Ecuador
 US/MEX Border
 French Guiana
 Grenada

 Guadalupe
 Guatemala
 Guyana
 Haiti
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 Martinique
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 Netherlands Antilles
 Nicaragua
 Panama

 Paraguay
 Peru
 Puerto Rico
 Saint Kitts and Nevis
 Saint Lucia
 Saint Vincent and the Grenadines
 Suriname
 Trinidad and Tobago
 Turks and Caicos Islands
 Uruguay
 Venezuela
 United States

Subregions: Central America and Dominican Republic Subregion - Andean Subregion
Specialized Centers: BIREME - CLAP - CAREC - CFNI - PANAFOTSA

Latin America

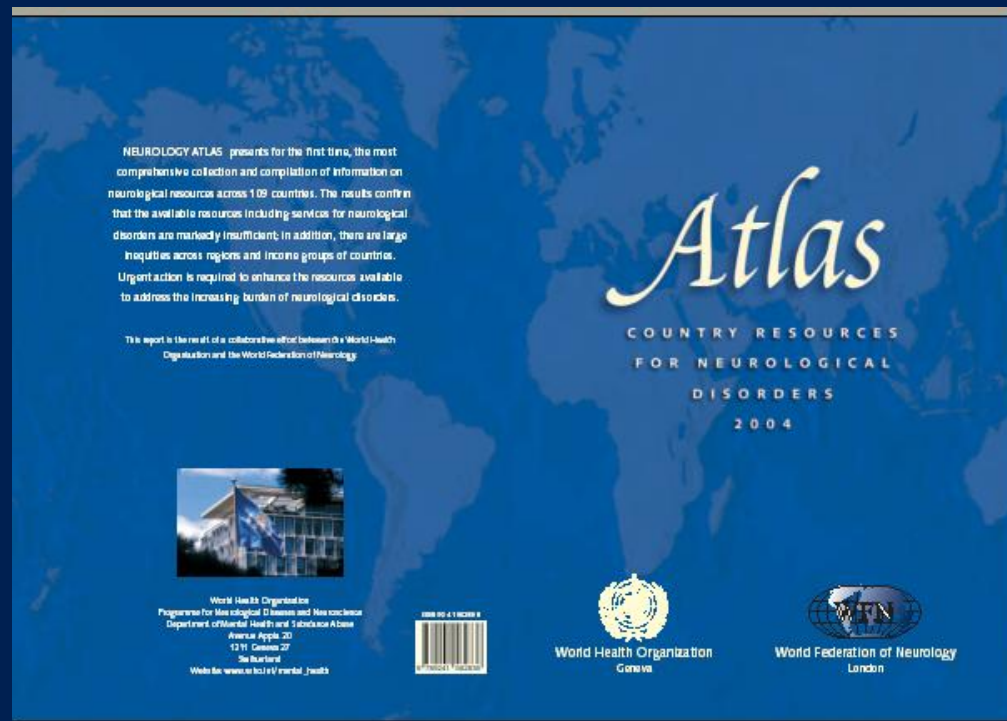


Latin America



Epilepsia

- Alrededor de 8 millones de personas padecen de Epilepsia en las Americas



The Office of Caribbean Program Coordination (OCPC)

- The Office of Caribbean Program Coordination (OCPC) is a PAHO sub-regional office established in the Caribbean in October 2006. The functions of the Office are focused on developing and implementing the Caribbean sub-regional technical cooperation program, responding mainly to the CARICOM Health Agenda – the Caribbean Cooperation in Health (CCH) Initiative.



Subregión Centroamericana y República Dominicana



SUBREGIÓN CENTROAMÉRICA Y REPÚBLICA DOMINICANA

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La cooperación técnica de la OPS/OMS en esta Subregión incluye a [Belize](#), [Costa Rica](#), [El Salvador](#), [Guatemala](#), [Honduras](#), [Nicaragua](#), [Panamá](#) y la [República Dominicana](#). Estos países conforman el Sistema de la Integración Centroamericana, [SICA](#).

La Subregión cuenta con dos instancias formales de trabajo. La primera, resale al año 1956. Inicialmente, restringida a los Ministros de Salud de la Región (con excepción de República Dominicana) y que luego, a partir del año 1985, ampliada a otras instituciones del sector salud, como seguridad social, agua y saneamiento: [la Reunión del Sector Salud de Centroamérica y República Dominicana \(RESSCAD\)](#). Desde el año 2000, la OPS/OMS tiene a su cargo el Secretariado técnico de la RESSCAD.

La segunda instancia formal, perteneces a los órganos formales del SICA y es el Consejo de Ministros de Salud de Centroamérica y República Dominicana ([COMISCA](#)) que cuenta con una Secretaría Ejecutiva encargada de operativizar las decisiones políticas del Consejo.

Enfermedad Renal en Centroamérica



[Declaración de San Salvador: sobre Enfermedad Renal Crónica en Centroamérica](#)

SUBREGION ANDINA



SUBREGIÓN ANDINA

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Inicio



Según el tratado constitutivo de la Comunidad Andina, la integración Andina tiene el propósito de impulsar el desarrollo armónico del conjunto de sus estados miembros tanto en lo económico como en lo social.

En este espacio virtual usted encontrará información sobre la contribución de la OPS/OMS a este propósito en el ámbito de la salud, así como insumos para la construcción de una visión comunitaria de la salud en el marco de la integración Andina y Suramericana.



Organización Mundial de la Salud



Comunidad Andina

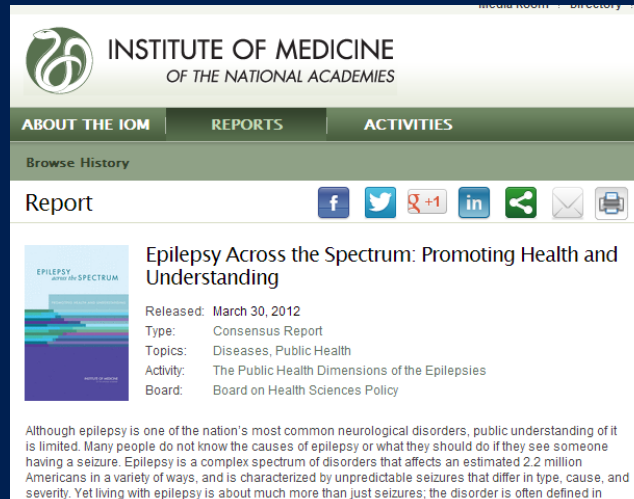


Objetivos de Desarrollo del milenio



Organismo Andino de Salud

North America



INSTITUTE OF MEDICINE
OF THE NATIONAL ACADEMIES

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Report

Epilepsy Across the Spectrum: Promoting Health and Understanding

Released: March 30, 2012
Type: Consensus Report
Topics: Diseases, Public Health
Activity: The Public Health Dimensions of the Epilepsies
Board: Board on Health Sciences Policy

Although epilepsy is one of the nation's most common neurological disorders, public understanding of it is limited. Many people do not know the causes of epilepsy or what they should do if they see someone having a seizure. Epilepsy is a complex spectrum of disorders that affects an estimated 2.2 million Americans in a variety of ways, and is characterized by unpredictable seizures that differ in type, cause, and severity. Yet living with epilepsy is about much more than just seizures: the disorder is often defined in



AMERICAN EPILEPSY SOCIETY

Our Mission: The American Epilepsy Society promotes research and education for professionals dedicated to the prevention, treatment and cure of epilepsy.

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Contribute | **Institute of Medicine Report - The Public Health Dimensions of the Epilepsies**

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Membership | **Report: The Public Health Dimensions of the Epilepsies**

Professional Development |

Spanish Resources |

Meetings & Events |

Research | The American Epilepsy Society is proud to share the new Institute of Medicine Report on the Public Health Dimensions of the Epilepsies.

Publications |

Main Goals

- 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.

Under the new strategy, countries will work to:

- 1. Make epilepsy a national health policy priority, implementing national programs that are adapted to conditions in each country
- 2. Strengthen legal frameworks to protect the human rights of people with epilepsy and to ensure effective enforcement of relevant laws

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3. Promote universal and equitable access to medical care for all people with epilepsy by strengthening primary care systems and integrated service networks
4. Ensure the availability of the four antiepileptic drugs considered essential for treatment of the disorder

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5. Strengthen neurological services to support case detection and management at the primary care level, ensuring adequate distribution of the necessary auxiliary diagnostic media
6. Support effective participation by the community, patient associations and family members in activities designed to improve care for people with epilepsy

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7. Consider the strengthening of human resources as key to improving national epilepsy programs
8. Promote intersectoral and educational initiatives to combat stigma and discrimination against people with epilepsy

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9. Close the information gap in the field of epilepsy by improving the production, analysis, and use of information, including research
10. Strengthen partnerships between the health sector, other sectors, and nongovernmental organizations, academic institutions, and key social actors.

PAHO STRATEGY AND PLAN OF ACTION ON EPILEPSY

- 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.

Strategic Areas, Indicators, Objectives, and Activities

- **Strategic Area 1:** Programs and legislation for the care of people with epilepsy and protection of their human rights.
- **Strategic Area 2:** Health services network for the treatment of people with epilepsy, with emphasis on primary health care and the provision of drugs.

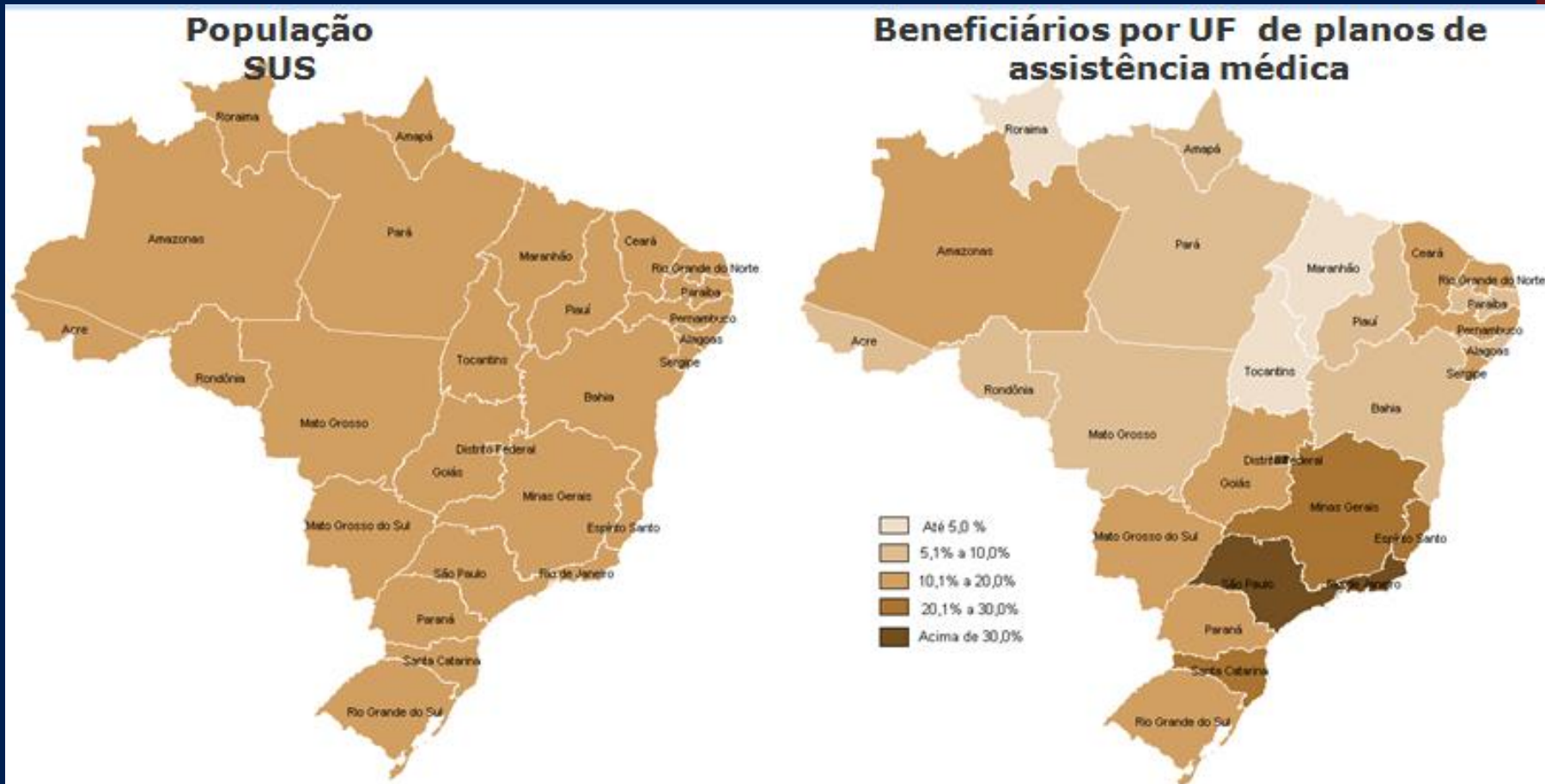
Strategic Areas, Indicators, Objectives, and Activities

- **Strategic Area 3:** Education and sensitization of the population, including the people with epilepsy and their families.
- **Strategic Area 4:** Strengthening of the ability to produce, assess, and use information on epilepsy.

PRIORIZACION

- 1. La estrategia y plan de acción de la epilepsia debe priorizarse desde la perspectiva nacional en base a las necesidades específicas
- 2. Existe ya una alianza estratégica entre OPS/ILAE e IBE con el apoyo de OMS
- 3. Cabildeo (lobbying) a nivel nacional
- 4. Vigilancia política

Distribuição de la medicina en el país



Fonte: Sistema de Informações de Beneficiários - ANS/MS - 02/2009

Demostration Projects

Demonstration Project.

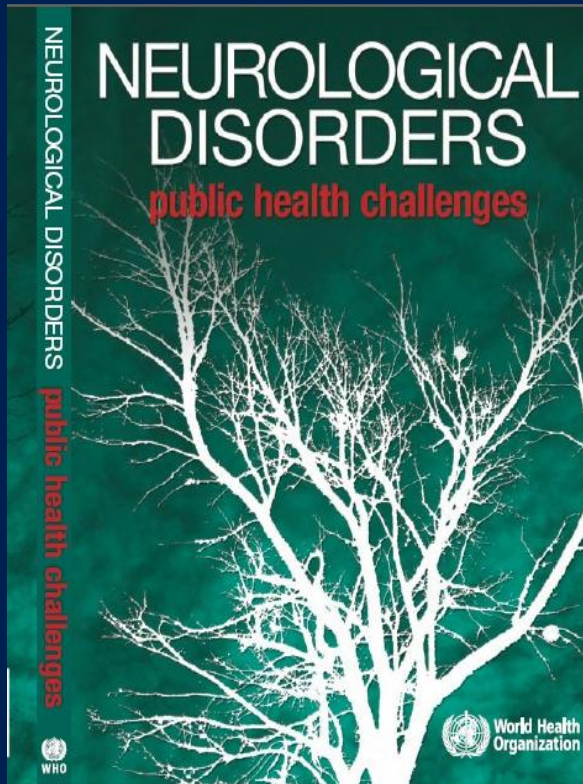


President Lula of Brazil holding the 'Sem Crise', magazine of Assistência à Saúde de Pacientes com Epilepsia (ASPE), a picture that "says more than a thousand words".

PUBLICACION bajo los auspicios de la OPS,IBE e ILAE

1. Capítulos sobre las experiencias exitosas y lecciones aprendidas
2. Grupo Editorial: OPS,IBE e ILAE, con apoyo de la OMS
3. Capítulos de 5000 palabras
4. Fecha de entrega en 2 meses (10 de Octubre del 2013)
5. Publicación on-line (PDF) y en papel

EJEMPLO



56 Neurological disorders: public health challenges

3.2 Epilepsy

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Epilepsy is a chronic neurological disorder affecting both sexes and all ages, with worldwide distribution. The term is also applied to a large group of conditions characterized by common symptoms called “epileptic seizures”, which may occur in the context of a brain insult that can be systemic, toxic or metabolic. These events (called provoked or acute symptomatic seizures) are presumed to be an acute

manifestation of the insult and may not recur when the underlying cause has been removed or the acute phase has elapsed.

CONCLUSIONS AND RECOMMENDATIONS

CONCLUSIONS AND RECOMMENDATIONS

| | |
|---|---|
| 1 | Epilepsy is one of the most common serious neurological disorders worldwide with no age, racial, social class, national or geographic boundaries. |
| 2 | Worldwide, 50 million people have epilepsy. Around 85% of these live in developing countries. |
| 3 | Up to 70% of people with epilepsy could lead normal lives if properly treated, but for an overwhelming majority of patients this is not the case. |
| 4 | The worldwide incidence, prevalence and mortality of epilepsy are not uniform and depend on several factors, which include the structure of the local population, the basic knowledge of the disease, the socioeconomic and cultural background, the presence of environmental risk factors, and the distribution of infrastructure, financial, human and material resources. |
| 5 | Some forms of epilepsy, particularly those associated with CNS infections and trauma, may be preventable. |
| 6 | As epileptic seizures respond to drug treatment, the outcome of the disease depends on the early initiation and continuity of treatment. Difficulties with availability of or access to treatment (the treatment gap) may seriously impair the prognosis of epilepsy and aggravate the social and medical consequences of the disease. |
| 7 | In low income countries the treatment gap needs to be seen in the context of the local situation, with inadequate resources for all forms of health delivery as well as education and sanitation. |
| 8 | The treatment gap is not only a matter of the lack of availability of AEDs, but encompasses the lack of infrastructure, training and public awareness of the condition. All these areas need to be confronted. |
| 9 | Integration of epilepsy care in national health systems needs to be promoted by developing models for epilepsy control worldwide. |

PROBABLES CAPITULOS

- 1. PROGRAMA NACIONAL DE EPILEPSIA DE CHILE
- 2. PROGRAMA DE EPILEPSIA DE MEXICO
- 3. GUIAS DE EPILEPSIA DE CHILE
- 4. PAGINA WEB BRASIL
- 5. ESTUDIOS EPIDEMIOLOGICOS Y DE SALUD PUBLICA HONDURAS (NCC)
- 6. LEGISLACION EN EPILEPSIA: COLOMBIA Y ARGENTINA
- 7. BRECHA DE TRATAMIENTO: BRASIL Y HONDURAS
- 8. EDUCACION: URUGUAY, PROGRAMA NORTEAMERICA/LATINOAMERICA, LASSE, ALADE

Challenges and opportunities

- Country-specific
- Following successful experiences
- Surveillance by the Task force
- “Political Surveillance”
- National indicators
- Bi-annual reports