Neurology Asia 2004; 9 (Supplement 1) : 63 – 64

INFLUENCING GOVERNMENT POLICY

The need to influence government policy

Hanneke M. DE BOER

ILAE/IBE/WHO Global Campaign Against Epilepsy

INTRODUCTION

According to the WHO definition, health is a state of complete physical, mental and social well being and not merely the absence of disease or infirmity.[1] (This was the preamble to the Constitution of the World Health Organization adopted by the International Health Conference, New York, 19-22 June, 1946 by the representatives of 61 States. The definition has not been amended since.) Ill health has a major impact on the economic well-being of an individual in any society. This is particularly true in the low-income countries and for the absolutely poor, due to the vicious circle of poverty and ill health.[2] For an economy as a whole, ill health leads to[2]: irrecoverable losses in production, less well trained labour forces, larger health budgets, less competitive economy, lower profitability of enterprises, higher labour force turnover and disruption in national budget. However, improvements in health will bring substantial benefits for the economy, including: increase in production, better trained labour force, more productive labour force, more competitive economy, financially more solid enterprises, lower unemployment, and lower rate of disease transmission.

GLOBAL FIGURES FOR MENTAL HEALTH AND BRAIN DISORDERS

Worldwide there are 450 million people with mental and brain disorders, of whom 50 million have active epilepsy. In Asia/Oceania (SEARO/WPRO) there are 30 million people with epilepsy. Each year there are 2.5 million new cases of epilepsy worldwide. The good news is that 70% of people with epilepsy can become seizure-free with effective and inexpensive treatment, the sad news is, however, that 80% of people with epilepsy are not properly diagnosed and do not receive appropriate treatment. Furthermore, 80% of antiepileptic drugs are sold in 20% of countries, 80% of all people with epilepsy live in developing countries.

BURDEN OF DISEASE OF MENTAL AND BRAIN DISORDERS

Although epilepsy is not a mental problem, WHO has included the disorder in of mental health because, as Dr. Gro Harlem Brundtland, former Director General of WHO stated: "Epilepsy is not a mental problem, but we have included it because it faces the same kind of stigma, ignorance and fear associated with mental illness". Furthermore, the management of epilepsy is often the responsibility of mental health professionals because of the high prevalence of the disorder and the relative scarcity of specialist neurological services, especially in the developing countries.[4]

Mental and braindisorders represent 5 of the 10 leading causes of disability world-wide; amounting to nearly one third of the disability in the world.[5] According to available data, mental and brain disorders are amongst the most important contributors to the global burden of diseases and in 2020 their share may increase to 15% if urgent action is not taken. The figures for the economic costs of mental and brain disorders are staggering. In the United States the total economic burden is calculated at US$ 148 billion per year.[5] The burden of disease has 4 facets: *The defined burden:* the burden currently affecting the people with mental and/or brain disorders and measured in terms of prevalence and other indicators such as quality of life indicators. *The undefined burden:* the portion of the burden relating to the impact of mental and/or brain disorders on people other than the individuals directly affected. *The hidden burden:* the burden associated with stigma and human rights. The stigma associated with mental and brain disorders leads to negative consequences for the patient and the relatives. *The future burden:* the burden which will materialise in the future as a result of the aging of the population, increasing social problems and unrest and as a result of the situation inherited from the existing burden.[6]

Address correspondence to: Ms HM de Boer, Co-Chair, ILAE/IBE/WHO Global Campaign Against Epilepsy, SEIN, P.O. Box 540, 2130 AM Hoofddorp, The Netherlands

RESOURCES OF MENTAL HEALTH GLOBALLY

WHO launched the Atlas project in order to collect, compile and disseminate relevant information on mental health resources in the world. The Atlas data shows that the resources for mental health are grossly inadequate compared to the burden associated with mental and brain disorders.[7] In 40% of countries, there is no mental health policy (written government document of government or Ministry of Health containing the goals for improving the mental health situation of the country, the priorities among those goals and the main directions for obtaining them). In 90% of countries, there is no mental health policy which includes children and adolescents. In 30% of countries, there is no national mental health programme (a national plan of action that includes the broad and specific lines of action required in all sectors involved to give effect to the policy. It describes and organises actions aimed at the achievement s of the objectives). In 37% of countries, there is no community care facilities in mental health. In 27% of countries, there is no mental health monitoring. Mental health monitoring systems are important tools in assessing the overall mental health situation of a country. In 44% of countries, there is no data collection or epidemiological studies. In 28% of countries, there is no budget for mental health. In 36% of countries, there is < 1% of health budget spent on mental health.

There is a political and economic rational for governments to invest more in health and health research as recommended by the Commission on Macroeconomics and Health (2001). Even conservative estimates suggest that health investments often yield the highest rates of return compared to other public investments. Why are governments not investing a larger proportion of public health resources in health? The main reasons include the following[2]: (1) Traditional reluctance to apply concepts of rates of return on investments in health, as this gives the impression that people's health is treated as a simple commodity. It is often considered derogatory to try and apply "rates of return calculations" to expenditures in this sector. (2) Complexity of calculations: it is difficult to assess the impact of such investment. (3) Health is often considered as a consequence of the development process rather than one of its engines: improvements in health are partly due to an increase in the standard of living of a society. In this sense health has been considered more as a consumption item than an investment. (4) Health pays only if all conditions are fullfilled for high rates of return - in many cases the potentially very high rate of return for the economy and society from investing in health has been partly or totally wiped out by the following factors: poor governance of health services, concentration on the urgent and visible at the expense of the efficient and effective, the problem is compounded by the fact that public health services tend to serve the richer section of the population, the bias of the public health services in favour of the urban richer populations in tertiary centres squeezes out the funding for preventive services.

In conclusion, despite the fact that citizens around the world overwhelmingly rank health as their "number one" desire, and in spite of the large contribution of health to the development of the national economy, governments still do not invest an appropriate proportion of public resources in health in general, and the situation concerning mental health is even worse. This government policy definitely will need to change. It was with this in mind that ILAE, IBE and WHO joined forces through the Global Campaign Against Epilepsy with the main goal to improve the health care services, treatment, prevention, and social acceptance of epilepsy world-wide.

REFERENCES

1. Preamble to the Constitution of the World Health Organization, Official Records of the World Health Organization, n. 2, p. 100.
2. The 10/90 Report on Health Research 2003-2004. Global Forum for Health Research, ISBN 2-940286-16-7, 2004.
3. PRSPs: Their Significance for Health: second synthesis report: WHO, Geneva, Switzerland, WHO/HDP/PRSP/04-1
4. The World Health Report 2001: Mental Health: New Understanding, New Hope. World Health Organization, Geneva, Switzerland, 2001
5. Mental Health Global Action Programme (mhGAP) - Close the Gap, Dare to Care. WHO, Geneva, Switzerland 2002.
6. Nations for Mental Health: An overview of a strategy to improve the mental health of underserved populations, WHO/MSA/NAM/97.3. WHO, Geneva, Switzerland, 1997
7. Atlas Mental Health Resources in the world 2001. World Health Organization, Geneva, Switzerland, 2001.