

Strategies for influencing government policies in the Asian and Oceanian region

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The mankind has known epilepsy for almost two thousand years. Awareness about epilepsy is perhaps as old as the mankind itself. Descriptions detailing different aspects of the disease have clearly been mentioned in the ancient Indian Ayurvedic literature long before Hippocratic writings became available to the western world. Statisticians have called epilepsy “the hidden disease” because it is believed that many people who suffer from this disorder are well controlled and able to conceal their illness and therefore remain undetected by surveys. Obtaining statistics about epilepsy is even more difficult in the developing countries because patients and their families tend to hide the problem due to the social stigma attached to the disease and lack of public education programmes about the disease.

Despite being known for centuries, active scientific research in regard to different aspects of epilepsy took roots in the developed nations just about 150 years ago. In the developing countries, awareness about the multiple dimensions of the problems associated with epilepsy started a few decades ago. [20043_037.pdf](#) At the same time, an increasing awareness of the need to educate the general public about various aspects of epilepsy became manifest in the developed nations. Most developing countries on the other hand, have been passing through a gradual change in the health scenario mainly because of an improvement in the health care services. It is today an accepted fact that in order to be able to remove the numerous myths and misconceptions about common and chronic disorders like epilepsy, the general population needs to be provided with scientifically correct information about the causation, treatment and other aspects of the disease. In addition to creating awareness in the general population, epidemiological studies conducted in the developed nations have helped to identify risk factors for epilepsy and evaluate the effect of potential interventions. Longitudinal studies have helped not only to determine the overall prognosis for seizure control but also in

the identification of factors that may modify the prognosis. Further, such studies have also resulted in the assessment of risk among the relatives of patients to develop epilepsy. Finally, epidemiological methods have been important for implementing experimental studies for the evaluation of new drugs and other interventions.

It was in June 1997, the three partners (WHO, ILAE and IBE) launched the Global Campaign Against Epilepsy (GCAE) with the main objective to increase public and professional awareness of epilepsy as a universal and treatable disorder. The GCAE also aimed to encourage governments and departments of health to provide for the needs of people with epilepsy within their overall health strategy and within their services. As per the WHO, about 80% of people with epilepsy today live in developing countries. The Global Burden of Disease 2000 estimates the cumulative burden due to epilepsy to be about 0.5% of the total disease burden.

As per the WHO, a Global campaign Against Epilepsy is much needed because the burden of epilepsy is underestimated and the means available to reduce it are underutilized. The problem is too complex to be solved by individual organizations. The GCAE strategy involves working along two parallel tracks – 1) Raise general awareness and understanding of epilepsy and 2) Support Departments of Health in identifying needs and promoting education, training, services, research and prevention in their countries. The GCAE tactics aimed at generating Regional Declarations on epilepsy, produce information on epilepsy for policy makers, incorporate epilepsy care into National Health Plans, and facilitate the establishment of national organizations of professionals and lay persons who are dedicated to promoting the well-being of people with epilepsy. It also aimed to help organize Demonstration Projects that illustrate good practice in the provision of epilepsy care. The ultimate goal of the Demonstration Projects is the development of a successful model of epilepsy

control that will be integrated into the health care systems of the participating countries and regions and, finally, applied on a global level. Furthermore it is hoped that the lessons learnt from the demonstration Projects will support the development of preventive measures strategies globally.¹

Provision of health care is still a function of the governments in the Asian & Oceanian region. Involvement and blessings of the governments are necessary for any new health care venture to be successful in this region. There are several disease control programmes in countries of this region. The medical and non-medical professionals are under constant pressure to accommodate the ever increasing number of health care problems within their limited resources. The basic strategy in this region should be aimed at strengthening the knowledge and improving the current beliefs, attitudes and practices of the grassroot level functionaries that includes the health care workers, teachers, students, Non-governmental organizations, religious heads and every one else who could be of help. Such efforts will be successful only if we aim to incorporate epilepsy care in the existing relevant health care programmes of each country in the Asian-Oceanian region.

REFERENCE

1. Global Campaign Against Epilepsy – Out of the shadows. ILAE/IBE/WHO Global Campaign against Epilepsy, 2003.