China, Argentina, Senegal and Zimbabwe lead in global campaign against epilepsy

2nd phase of global campaign launched in Geneva today

Leading a global campaign against epilepsy, China, Argentina, Senegal and Zimbabwe are implementing projects to train doctors in diagnosing epilepsy and providing treatment for this disease.

The World Health Organization (WHO) announced these four "demonstration projects" at the launch of the second stage of its Global Campaign against Epilepsy. The four country projects are will serve as a model for other WHO Member States.

"Since 1997, WHO and its partner organizations have worked hard to alert people and governments around the world to the unnecessary suffering and loss caused by untreated epilepsy," said Dr Gro Harlem Brundtland, WHO’s Director-General. "We have developed concrete strategies to substantially improve treatment and the time has come to turn these ideas into results on the ground."

The four demonstration projects will assess the number of people suffering from epilepsy in the participating provinces and train primary health care workers within the existing primary health service how best to diagnose and treat epilepsy patients. Experiences with the projects will be used as a base for developing national programmes in the four countries and to assist other countries in designing their own projects.

Epilepsy is a neurological disorder that affects at least 50 million people world-wide. Around 85% of them living in developing countries. There are two million new cases occurring in the world every year.

Up to 80% of persons with epilepsy could lead normal lives if properly treated, but the overwhelming majority of patients does not get any treatment at all. WHO Regional Office for the Americas estimates that out of five million people with epilepsy in the region, 3.5 million are believed to be untreated. A recent survey of 30 Latin American countries revealed that none of them had national policies for epilepsy. In sub-Saharan Africa, there is one neurologist for four million people.

The global campaign, called "Out of the Shadows", is focusing on stigma and discrimination associated with epilepsy in the community, at the workplace, at school and at home. "Our aim is to improve treatment, prevention and social acceptance of epilepsy, the world's most common – yet treatable – brain disorder," said Dr Brundtland.

More than 50 countries have so far joined the Global Campaign against Epilepsy spearheaded by WHO, the International League against Epilepsy and the International Bureau for Epilepsy.
"Our biggest challenge is to de-mystify epilepsy, to make people understand that there is nothing supernatural about it. Age-old superstitions die hard, be it in Cairo, Calcutta or Caracas", explains Dr Derek Yach, WHO Executive Director in charge of Mental Health. "Indeed, a law in the United Kingdom forbidding persons with epilepsy to marry was repealed only in 1970."

Physical, psychological and social impact of epilepsy is profound. It is not unusual for children with epilepsy to receive inadequate schooling. The rate of unemployment is two to three times higher for persons with epilepsy. Many would hide their condition. It contributes to social isolation, low self-esteem and can lead to depression and suicide.

This medical condition can be triggered off, especially in predisposed individuals, by any brain disease or injury, infections such as meningitis or encephalitis, vascular disease, tumour or alcohol abuse. Preventable parasitic diseases, malnutrition and inadequate care in childbirth are among common causes of epilepsy in developing countries.

"In developed countries our main goal is to improve quality of life for persons with epilepsy. But even there centuries-old superstitions are lurking in the shadows", explains Ms Hanneke M. de Boer of the International Bureau for Epilepsy. "It is a much more complicated situation in developing countries: social stigma and discrimination, lack of trained personnel and shortages of anti-epileptic drugs. Even when drugs are available they can be of sub-standard quality or too expensive to purchase".

The blueprint for the second stage of the global campaign was based on input from more than 1200 representatives from well over 100 countries around the world.
GLOBAL CAMPAIGN AGAINST EPILEPSY: 
THE WIFE OF A BICYCLE MECHANIC

Jewati is her name. She is a person with epilepsy. This waif-like young woman lives in India but her story could have happened in any developing country because epilepsy is everywhere and so are the problems that go with it.

I met Jewati and her mother at a district hospital some 30 miles outside New Delhi. She is the youngest in the family of seven children. None of her brothers and sisters suffer from epilepsy. In any event, they live their own lives and she doesn’t hear from them.

On paper, Jewati is married. In reality, her elderly mother is her one and only life support and companion. Jewati had one child that died a few years ago from diarrhea. She is barely literate and doesn’t have any occupational training. On top of that she suffers from epilepsy. So much in the minus column and very little to show in the plus column.

The stigma experienced by persons with epilepsy all over the world can shut them from their community, isolate them from their family, drive them from school and prohibit them from holding down a job.

A year ago, Jewati’s husband, a bicycle mechanic, upon witnessing an epileptic fit of his wife, beat her up with a stick and threw her out of the house saying he didn’t want to see her ever again. Since then she’s been living with her mother. Why didn’t she complain about domestic violence? She thought the police would ask for money and she had none.

She started suffering from epilepsy some 12 years ago. Her mother took her to see the local traditional healer. He diagnosed evil spirit possession that no medication can possibly cure. And it is so powerful, said he, that even he wouldn’t be able to exorcise it. At least he didn’t charge them anything.

“Our biggest challenge is to de-mystify epilepsy, to make people understand that there is nothing supernatural about it,” explains Dr Derek Yach, World Health Organization (WHO) Executive Director in charge of Mental Health and Neurological Disorders. “Age-old superstitions die hard, be it in Cairo, Calcutta or Caracas. Indeed, a law in the United Kingdom forbidding persons with epilepsy to marry was repealed only in 1970. That is why we have launched the Global Campaign Against Epilepsy (GCAE) - to bring it out of the shadows.”

Six years ago, Jewati went to the district hospital for the first time. She was given three different types of medication free of charge but the results were very poor. She took the medicine for a couple of years, experimenting with her medication depending on the frequency of seizures, but eventually decided to stop when she saw no improvement. That might have been because, instead of taking three different pills a day, she was taking just one,
thinking that by spacing it out she could save two trips to the hospital. It takes 32 rupees for she and her mother to get to the hospital and back to the village. For them, this is serious money. The hospital is 16 kilometers away. Part of the journey they walk on foot and for the rest of the journey they take a bus operated by a private transport company.

Jewati’s father died nine years ago. The mother has a buffalo and she sells buffalo milk. The Haryana State Government pays her a pension as an elderly person of about 300 rupees a month (US$1 - 46 rupees). These are the only sources of income for both women. There is no vegetable plot, no land, no nothing. The buffalo is parked right in front of the door and neighbors allow the buffalo to graze on their land. Mother and daughter prefer not to think about the time when the buffalo won’t be there anymore.

In 1999, the Indian Government passed a law stipulating that epilepsy is not a mental illness and therefore does not provide grounds for divorce. Good law but some people simply don’t want to hear about it, especially if it concerns women.

Epilepsy is a brain disorder caused by a violent electricity discharge in the brain. In the overwhelming majority of cases epilepsy can be successfully controlled by anti-epileptic drugs and surgery. Plugging the so-called treatment gap, the number of persons with epilepsy who are not covered by public health services, is the biggest challenge for the GCAE, a joint programme of WHO, the International League against Epilepsy and the International Bureau for Epilepsy to control epilepsy in developing countries.

Among men, epilepsy is less of a burden. Rajiv is 20 years old. About 5 years ago, he started suffering from epilepsy. Seizures were very rare - once or twice a year - but lately the frequency increased and he decided to go to the hospital. He visits the hospital every 15 days takes his medicine as prescribed and now he believes his epilepsy is controlled.

Rajiv doesn’t have any fixed occupation. He lives in town and feels quite relaxed about work. In his town which is just 2 kilometers away from the hospital there is always some kind of work to be found. His parents have died and he lives with his grandmother. He is single and in no hurry to get married. “I live in town. It’s village folks who get married early. It is a big undertaking and I can’t afford it as yet.” He feels much better now and he can move around looking for a day’s job without thinking too much about epilepsy. The origin of this medical condition? “It is not a brain illness,” he says. “It is gas in the abdomen. That is what my grandmother told me, she knows best.”

Epilepsy if often referred to as a hidden disease, its origins, causes and treatment shrouded in mystery and solutions reserved for traditional healers.
More often than not, traditional healers are the first port of call for epilepsy patients especially in rural areas. Villagers feel so much more comfortable describing the symptoms to someone they can readily relate to. They are not exactly on the same wavelength with hospital personnel. Often enough, it takes two or three visits before hospital doctors get the real story from their patients.

The second phase of the Global Campaign Against Epilepsy programme, “Out of the Shadows”, was launched in February 2001 as “demonstration projects” got underway in Argentina, China, Senegal and Zimbabwe. These projects will highlight means of drastically reducing the treatment gap which currently exists in all developing countries. In China alone, the project will reach 5 districts with a total population of two and a half million people.

In India, the knowledge about the real causes and treatments for epilepsy is also spreading. There is still hope for Jewati.
ASSEMBLY HONOURS CONTRIBUTIONS TO PUBLIC HEALTH AND AWARDS THE WINNERS OF THE SCHOOL MENTAL HEALTH CONTEST

The 54th World Health Assembly today awarded a number of prizes to those who have made significant contributions to the development of public health in different countries and regions. The prizes were presented to the laureates by Dr Hong Sun Huot, President of the 54th WHA.

The **Léon Bernard Foundation Prize** is awarded to a person who has made a significant contribution to the development of social medicine. The 2001 Prize and Medal recipient is Dr Sastri Saowakontha of Thailand. For almost 40 years, Dr Saowakontha has taught and researched in a number of fields, including parasitology, nutrition and vitamin deficiency, and the nutritional status of children and women of childbearing age in Thailand.

The **Jacques Parisot Foundation Fellowship** is awarded this year to Dr Laura Papantoniou from Cyprus. Dr Papantoniou is a member of the public health team of the Department of Medical and Public Health Services. Her research project is "Study of the knowledge, attitudes and behaviour in relation to AIDS, sex and sexually transmitted diseases among the adult population of the town of Limassol and rural areas of Cyprus." It aims to obtain quantifiable data on the profile of individuals who engage in risky behaviours in relation to sexual transmission of HIV and sexually transmitted infections, and to evaluate prevention indicators of the national AIDS programme.

The **Ishan Dogramaci Family Health Foundation Prize** is awarded every two years and recognizes significant achievements in the field of family health. This year's prize and Medal goes to Professor Mahmoud Fathalla from Egypt. Professor Fathalla currently holds the post of Professor for Obstetrics and Gynaecology at Assiut University (Egypt). He is well known nationally and internationally for his contribution to family and reproductive health, focusing especially on avoidable maternal mortality.

The **Sasakawa Health Prize** is awarded to individuals, institutions or non-governmental organizations, which have accomplished outstanding innovative work in health development, such as the promotion of given health programmes or achievements in primary health care. The 2001 prize goes to Dr João Aprigio Guerra de Almeida of Brazil. Dr Guerra de Almeida has made a major contribution to the development of breast-feeding services and policies in Brazil. Over the past 14 years he has been personally involved in the establishment and development of a network of human milk banks throughout Brazil. This programme has resulted in a considerable increase in the practice of breast-feeding over the past 10 years, thus reversing the dangerous downward trend observed in previous decades.
The United Arab Emirates Health Foundation Prize is awarded to individuals, institutions or organizations who have made an outstanding contribution to health development. This year’s prize is awarded jointly to Dr A.J. Mohammad Suleiman (Oman) and the Union of Palestinian Medical Relief Committees (UPMRC). Over the past ten years, Dr Suleiman has been personally involved in several projects dealing with health education, immunization, eradication of poliomyelitis and surveillance and prevention of communicable and noncommunicable diseases. He has been very active in the Expanded Programme on Immunization that has resulted in a 99% coverage of children under the age of one in Oman, for all six vaccine-preventable diseases. Moreover, no cases of polio have been reported in Oman since 1993.

UPMRC was founded in 1979 by a group of Palestinian doctors and professionals to provide health care to communities deprived of essential services. Over the years, it has expanded to include some 1200 physicians, nurses, laboratory technicians, pharmacists and other health professionals, most of whom are volunteers. They now provide comprehensive and affordable primary care services to underprivileged Palestinians in the West Bank, Gaza and Jerusalem.

The Francesco Pocchiari Fellowship is awarded every two years. It consists of one or two travelling fellowships to enable young researchers to visit other countries in order to obtain new experience relevant to their own research and public health priorities in their own countries. This prize is awarded to Dr Tay Sun Tee from Malaysia. Dr Tay is currently working as Research Officer at the Institute for Medical Research, Kuala Lumpur, where she carries out research in the epidemiology and control of rickettsial infections. Her interest is in recombinant monoclonal antibody technology and new vaccines. Her objectives during the fellowship include acquiring new knowledge, technical experience and practical skills which she can use in her research, training and teaching activities in Malaysia. Dr Tay is currently working as Research Officer at the Institute for Medical Research, Kuala Lumpur, where she carries out research in the epidemiology and control of rickettsial infections. Her interest is in recombinant monoclonal antibody technology and new vaccines. Her objectives during the fellowship include acquiring new knowledge, training and teaching activities in Malaysia.

During the same ceremony, WHO gave awards to the winners of the WHO Global School Contest, held in conjunction with World Health Day on 7 April whose theme was Mental Health. The global winners are:

* Mr Dhruv Suri, age 7, New Delhi, India, winner of the Drawing Contest for ages 6-9;
* Ms Tang Shu-wei, age 14, Guangdong Province, China, winner of the 250-word essay contest for ages 10-14
* Ms Bibbie Kumangai, age 17, Palau, winner of the 500-word essay contest for ages 15-18.
Entries were received from more than 60 countries around the world, with an estimated participation of around 500,000 students. Through this contest, WHO intended to provide children with a better appreciation of mental health and to encourage schools to reinforce or initiate efforts to promote mental health education in the school health curriculum. About one in five of the world's youth under the age of 15 suffer from mild to severe mental disorders. But most treatments are geared towards adults, despite the need for early intervention in childhood.