



PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION



51st DIRECTING COUNCIL

63rd SESSION OF THE REGIONAL COMMITTEE

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CD51.R8 (Eng.)
ORIGINAL: SPANISH

RESOLUTION

CD51.R8

STRATEGY AND PLAN OF ACTION ON EPILEPSY

THE 51st DIRECTING COUNCIL,

Having reviewed the *Strategy and Plan of Action on Epilepsy* (Document CD51/10);

Recognizing the burden that epilepsy represents globally and particularly in the Region of the Americas in terms of morbidity, mortality, and disability, as well as the gap between the number of people with this disorder and those who receive no treatment;

Understanding that this is an important public health problem whose prevention, treatment, and rehabilitation are feasible through specific evidence-based measures;

Considering the context and justification for action offered by the Health Agenda for the Americas 2008-2017, the PAHO Strategic Plan 2008-2012, the World Health Organization (WHO) Mental Health Gap Action Program: Scaling up care for mental, neurological, and substance use disorders (mhGAP), and the Global Campaign against Epilepsy: Out of the Shadows;

Observing that the Strategy and the Plan of Action on Epilepsy address the principal work areas and define technical cooperation lines to meet the different needs of the countries,

RESOLVES:

1. To endorse the Strategy and approve the Plan of Action on Epilepsy and their implementation under the particular conditions of each country to provide an appropriate response to current and future needs.
2. To urge the Member States to:
 - (a) make epilepsy a priority in national health policy by executing specific national programs suited to the conditions of each country, to sustain achievements and make progress toward meeting new goals, especially in relation to reducing the existing treatment gaps;
 - (b) strengthen legal frameworks as appropriate in order to protect the human rights of people with epilepsy and ensure effective enforcement of the laws;
 - (c) promote universal equitable access to medical care for all people with epilepsy by strengthening health services in systems based on primary health care and integrated service networks;
 - (d) ensure the availability of the four anti-epileptic drugs considered essential for treating people with epilepsy, especially at the primary care level;
 - (e) strengthen neurology services as support for case detection and management at the primary care level, ensuring adequate distribution of the necessary auxiliary diagnostic media;
 - (f) support effective participation by the community and associations of users and family members in activities designed to secure better care for people with epilepsy;
 - (g) consider strengthening human resources as key to improving national epilepsy programs, through systematic training geared especially to personnel in primary health care;
 - (h) promote intersectoral and educational initiatives directed to the population to combat the stigma and discrimination suffered by people with epilepsy;
 - (i) close the information gap in the field of epilepsy by improving the production, analysis, and use of information, including research;
 - (j) strengthen partnerships between the health sector, other sectors, and nongovernmental organizations, academic institutions, and key social actors.

3. To request the Director to:
 - (a) assist the Member States in the preparation and execution of national epilepsy programs within the framework of their health policies, taking the Strategy and Plan of Action into account, with a view to correcting inequities and giving priority to the care of vulnerable and special needs groups, including indigenous populations;
 - (b) collaborate in the evaluation and restructuring of the countries' neurology and mental health services;
 - (c) facilitate the dissemination of information and the sharing of positive innovative experiences, and promote technical cooperation among the Member States;
 - (d) promote partnerships with the International League against Epilepsy (ILAE) and the International Bureau for Epilepsy (IBE), as well as with international agencies, governmental and nongovernmental organizations, and other regional actors in support of the broad multisectoral response needed for the execution of this Strategy and Plan of Action;
 - (e) evaluate the implementation of the Strategy and Plan of Action and report to the PAHO Directing Council in five years.

(Seventh meeting, 29 September 2011)