Opportunities in Global Brain Health with the World Federation of Neurology

Professor Alla Guekht, MD, PhD
Director, Moscow Research and Clinical Center for Neuropsychiatry
WFN Elected Trustee
Opportunities in Global Brain Health with the World Federation of Neurology

- WFN
- Brain Health
- World Brain Day
- Intersectoral Global Action Plan on Epilepsy and other Neurological Disorders (IGAP)
- Education
Opportunities in Global Brain Health with the World Federation of Neurology

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  • Intersectoral Global Action Plan on Epilepsy and other Neurological Disorders (IGAP)
• Education
The mission of the WFN is to foster quality neurology and brain health worldwide.

Regional Associations

- African Academy of Neurology (AFAN)
- American Academy of Neurology (AAN)
- Asian and Oceanian Association of Neurology (AOAN)
- European Academy of Neurology (EAN)
- Pan American Federation of Neurology (PAFNS)
- Pan Arab Union of Neurology (PAUNS)

The WFN has a Special consultative status at ECOSOC.

The WFN is a Non-State Actor of the WHO.

Adapted from the slide by Prof. W. Grisold.
Brain Health

• Brain Health is an emerging and growing concept that encompasses neural development, plasticity, functioning, and recovery across the life course.
• Good brain health is a state in which every individual can realize their own abilities and optimize their cognitive, emotional, psychological and behavioural functioning to cope with life situations.
• Brain health conditions emerge throughout the life course and are characterized by disruptions in normal brain growth and/or brain functioning. They may manifest as neurodevelopmental and neurological conditions such as intellectual developmental disorders, autism spectrum disorders, epilepsy, cerebral palsy, dementia, cerebrovascular disease, headache, multiple sclerosis, Parkinson’s disease, neuroinfections, brain tumors, traumatic injury.
World Brain Day 2023
Disability 2022 for All

Leave No One Behind
Saturday, July 22, 2023

Join the World Federation of Neurology on Friday, July 22, 2022

Brain Health for All

World Brain Day 2022 is dedicated to
With this WHO position paper I am pleased to present a conceptual framework for optimizing brain health across the life course that will help us to raise awareness of the pressing need to establish brain health as a global priority. As such, this position paper represents an important tool for supporting the implementation of the new intersectoral global action plan. Let’s not forget, optimizing brain health across the life course will improve health outcomes and well-being for all people in all corners of the world.

Advances in neuroscience and neuroimaging – in combination with other disciplines such as artificial intelligence, machine learning and data science – are drivers of research into the human brain, lifting multisectoral discourse and discovery to entirely new levels. This is a cause for great excitement and optimism.

However, if the factors that have a dire impact on brain health are left unaddressed, we shall fail both to promote everyone’s full potential and to reduce the burden of neurological conditions, thereby impeding not only health but also social and economic development globally. We will achieve bold global commitments – such as the United Nations Sustainable Development Goals, WHO’s Triple Billion targets and the recently-adopted intersectoral global action plan on epilepsy and other neurological disorders 2022-2031 – only if we work together to address brain health at all societal levels and across all sectors of society.

Dr REN Minghui
Assistant Director General
Universal Health Coverage/Communicable and Noncommunicable Diseases
Opportunities in Global Brain Health with the World Federation of Neurology

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千里之行，始于足下  A journey of a thousand miles begins with a single step.

Lao Tzu (604–531 BC)

....... *did not happen by chance, but came at the end of a long journey that involved the hard and tireless work of many dedicated individuals around the globe*

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From global campaign to global commitment: The World Health Assembly’s Resolution on epilepsy

*Athanasios Covannis, †Alla Guekht, ‡Shichuo Li, §Mary Secco, ¶Raad Shakir, and **Emilio Perucca*

do: 10.1111/epi.13192*
The ILAE/IBE/WHO Global Campaign against Epilepsy: Bringing Epilepsy “Out of the Shadows”

• Announced at the ILAE European Congress (The Hague, The Netherlands) and the ILAE and IBE Asian and Oceanic Congresses (Seoul, South Korea) in September 1996
• Launched in Geneva on June 19, 1997, and in Dublin at the 22nd ILAE/IBE International Congress on July 3, 1997

Prof. Edward H. Reynolds

“It occurred to me that a partnership between the professional (ILAE), the public/patients (IBE), and the political (WHO) could be a very powerful one for addressing the needs of people with a common, universal, hidden, neglected, and stigmatised brain disorder.”

Hanneke De Boer

“Often epilepsy is not called by its name. For instance, in Africa, it is called the “burns disease,” as a result of people falling into an open fire and not being helped for fear of their saliva contaminating others. For very similar reasons, in Asia it may be called “the drowning disease,” and in the western world, “the hidden disease.”

Epilepsia, 2002
43 countries made strong statements in favor of the Resolution with commitments to step up actions against epilepsy

19 countries requested to be named as co-sponsors of the Resolution
SAVE THE DATE!

Epilepsy: A Public Health Priority

Side event at the 72nd World Health Assembly

Date and time: Wednesday 22 May 2019, 12:30-14:00
Venue: Palais des Nations, Room XXIV

Co-hosted by:

the Russian Federation, China, Colombia, Croatia, Kazakhstan, Mexico, Slovenia, Tunisia and Zambia
with contributions from the ILAE, IBE and the WFN

Epilepsy affects over 50 million people worldwide. Among neurological diseases, it accounts for the highest disability life year rates and carries a high risk of premature mortality. Persons with epilepsy are stigmatized in all societies, with the consequences of prejudice and discrimination adding to the medical burden of the disease. Epilepsy affects people of all ages, genders, race and income levels, but poor populations and those living in vulnerable situations, in particular in low- and middle-income countries, bear a disproportionate burden, posing a threat to public health and economic and social development. Epilepsy is the only severe and disabling neurological disease that is fully treatable in the majority of cases. About two thirds of persons with epilepsy achieve complete seizure control with inexpensive medications.

This side event will bring together policy makers, NGOs, patients, health care leaders and Member States to develop next steps for the implementation of WHA68.20. The Global Epilepsy Report will be presented and key decisions of the epilepsy action plan will be identified.

The application for the Side event, submitted by the Russian Federation, has been co-sponsored by Columbia, China, Croatia, Guyana, Kazakhstan, Honduras, Mexico, Slovenia, Tunisia, Zambia.

From the Non-State Actors, the ILAE, IBE and the WFN were official contributors

- Highlighted the immense burden of epilepsy.
- It served as an opportunity for scaling up of Member States’ political commitment towards addressing the gaps in epilepsy care and moving forward with commitment to action from the hosting countries and those in attendance.
- The need for a Global Action Plan for Epilepsy was unanimously acknowledged.

Over 120 participants from 39 Member States across all 6 WHO regions

22ND MAY 2019

SIDE EVENT AT THE 72ND WORLD HEALTH ASSEMBLY

1. Global Burden of epilepsy
2. Leadership and governance for epilepsy
3. Comprehensive care response to epilepsy
4. Access to antiseizure medicines
5. The social response: Misconceptions and stigma in epilepsy
6. Prevention of epilepsy
7. Research on epilepsy
8. Way forward


• This is the first global report on epilepsy produced by WHO and key partners. It highlights the available evidence on the burden of epilepsy and the public health response required at global, regional and national levels.
  Dr Ren Minghui, WHO ADG

• It is time to highlight epilepsy as a public health imperative, to strongly encourage investment in reducing its burden, and to advocate for actions to address gaps in epilepsy knowledge, care and research.
  Dr Dévora Kestel, Director of MH, WHO

The time to act is NOW.

Urgent actions are needed, and these include:

• Promote epilepsy as a public health priority to reduce its burden.
• Improve public attitudes, reduce stigma and promote protection of the rights of people with epilepsy.
• Invest in health and social care systems to improve accessibility to epilepsy care.
• Enhance access to cost-effective antiseizure medicines globally.
• Prevent acquired epilepsies through improved care for common causes, such as perinatal injury, central nervous system infections, stroke and traumatic brain injuries.
• Increase priority given to epilepsy in research agendas.
The road to a World Health Organization global action plan on epilepsy and other neurological disorders

6 | TOWARD AN ACTION PLAN ON EPILEPSY AND OTHER NEUROLOGICAL DISORDERS: THE LONG AND WINDING ROAD

6.1 | January 2019: Positioning Epilepsy on the WHO Agenda

Following Resolution WHA 68.20, described above, it became clear to the ILAE and IBE that further actions would be required to make meaningful inroads in addressing the needs of people with epilepsy globally. The initial step would require including epilepsy as an item in the already-full agenda of the WHO Executive Board. In January 2019, epilepsy was taken up as a priority by the Russian Federation. At the 144th WHO Executive Board meeting, with support from Chile, China, Indonesia, and Jamaica, the proposal by the Russian Federation to include epilepsy in the agenda of the 146th Session of the WHO Executive Board was approved. This created a remarkable opportunity to advance our quest for an action plan on epilepsy.

6.3 | Fall 2019: Preparing to Make Our Case to the WHO Executive Board

The inclusion of the epilepsy item on the agenda of the 146th WHO Executive Board meeting and the success of the WHA side event made it clear that there was an opportunity to pursue the aim of articulating global actions for epilepsy. In preparation for the WHO Executive Board meeting, member chapters and associations of the ILAE and IBE around the world mobilized to garner support from their governments. This led to strong support from member states, including official letters to the WHO from Chile, Georgia, Honduras, Italy, Guyana, Ivory Coast, Kazakhstan, North Macedonia, and Tunisia. The leadership bodies of the American Epilepsy Society, US Epilepsy Foundation, Australian Epilepsy Society, Swiss League Against Epilepsy, Swedish Epilepsy Society, and Oman League Against Epilepsy received positive feedback from their respective governments.

The Decision was co-sponsored by 37 Member States
Furthermore, support was expressed by over 80 countries
Epilepsy and other Neurological Disorders: COLLABORATION

The Intersectoral Global Action Plan on Epilepsy and other Neurological Disorders Adopted at WHO's World Health Assembly
27 May 2022

WFN and WHO Update
Resolution WHA 73.10 for the Development of an Intersectoral Global Action Plan (GAP) on Epilepsy and Other Neurological Disorders. 2022 – 2031.

The resolution is a key step in the development of an intersectoral global action plan (GAP) on epilepsy and other neurological disorders (OND), as outlined by the International League Against Epilepsy (ILAE) and the International Bureau of Epilepsy (IBE). The resolution is a significant step in the process of developing a comprehensive, evidence-based, and equitable strategy to improve the care and outcomes for people with epilepsy and OND worldwide.

ILE and WHO have been working closely to develop the GAP, which aims to address the global burden of epilepsy and OND, and to promote a comprehensive, intersectoral approach to improving outcomes and reducing disparities in care.

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The resolution is in line with the recommendations of the World Health Organization (WHO) and other international organizations, and aligns with the Sustainable Development Goals (SDGs) and the Global Neurological Health Action Plan (GNHAP). The resolution also builds on the work of the Global Taskforce on Neurological Disorders (GTFN), which was established in 2017 to develop a consensus framework for neurology and epilepsy research and care.

The GAP will be a collaborative effort involving countries, international organizations, and civil society groups, and will be guided by the principles of equity, accessibility, and sustainability. The GAP will focus on three main areas: strengthening the capacity of health systems to deliver quality care; increasing access to effective treatments and interventions; and promoting research and innovation.

The resolution of WHA 73.10 is a significant step towards achieving these goals, and will provide a roadmap for countries to develop and implement their own action plans on epilepsy and OND. It will also help to ensure that the needs and perspectives of people with epilepsy and OND are at the forefront of global health policy-making and implementation.

Draft resolution proposed by Belarus, Bhutan, China, Colombia, Eswatini, the European Union and its Member States, Guyana, Iceland, Jamaica, Philippines, Russian Federation

Global Actions on epilepsy and other neurological disorders

This session will focus on the landmark Resolution of the 73 World Health Assembly (WHA) and the 10-years Intersectoral Action Plan for Epilepsy and other Neurological Disorders, which addresses the current significant gaps in prevention, early detection, care, treatment, and rehabilitation of patients and families living with epilepsy and other neurological disorders.

Speakers will highlight the major achievements (WHO), the International League Against Epilepsy (ILAE) focusing on epilepsy as an entry point can in only for people with epilepsy but also for those with other neurological disorders.

Scientific Theatre | Theatre 08
ILAE: Global Actions on Epilepsy and Other Neurological Disorders
25.06.2022 | 13:30 - 14:00 | Scientific Theatre | 139 Views

This session will focus on the landmark Resolution of the 73 World Health Assembly (WHA) and the 10-years Intersectoral Action Plan for Epilepsy and other Neurological Disorders, which addresses the current significant gaps in prevention, early detection, care, treatment, and rehabilitation of patients and families living with epilepsy and other neurological disorders.

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Scientific Theatre | Theatre 08
10-year Intersectoral Global Actions on Epilepsy and Other Neurological Disorders: History and Expectations
Alisa Guekht
25.06.2022 | 13:30 - 13:45 | Scientific Theatre | 156 Views
75 WHA: IGAP unanimously approved

• 116 countries and many Non-State Actors spoke in favor
• Many Non-State Actors, including ILAE, WFN, IBE
• Excellent contribution of the WHO Secretariat/Brain Health Unit in preparation of the IGAP
Pillar 1: One billion more people benefiting from universal health coverage

14.1 Follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases

(g) Draft intersectoral global action plan on epilepsy and other neurological disorders in support of universal health coverage
The Intersectoral Global Action Plan for Epilepsy and other Neurological Disorders

**Vision**

18. The vision of the intersectoral global action plan on epilepsy and other neurological disorders 2022–2031 is a world in which:

- brain health is valued, promoted and protected across the life course;
- neurological disorders are prevented, diagnosed and treated, and premature mortality and morbidity are avoided; and
- people affected by neurological disorders and their carers attain the highest possible level of health, with equal rights, opportunities, respect and autonomy.

**Goal**

19. The goal of the intersectoral global action plan on epilepsy and other neurological disorders 2022–2031 is to reduce the stigma, impact and burden of neurological disorders, including their associated mortality, morbidity and disability, and to improve the quality of life of people with neurological disorders, their carers and families.

20. In order to achieve the vision and goal defined above, the prevention, treatment and care of epilepsy and other neurological disorders should be strengthened, wherever possible, utilizing entry points and synergies to achieve the best results for all.

17. The intersectoral global action plan on epilepsy and other neurological disorders 2022–2031 provides the vision, goal, guiding principles and strategic objectives with their action areas and targets. It suggests a range of proposed actions for Member States, the WHO Secretariat and international and national partners. While targets are defined for achievement globally, each Member State can be guided by these to set its own national targets, taking into account national circumstances and challenges.12
The Intersectoral Global Action Plan for Epilepsy and Other Neurological Disorders

VISION

16. Linking the intersectoral global action plan on epilepsy and other neurological disorders 2022–2031 with other global commitments reflects WHO’s responsiveness to focusing on the impact on people’s health and working in a cohesive and integrated manner.

17. The intersectoral global action plan on epilepsy and other neurological disorders 2022–2031 provides the vision, goal, guiding principles and strategic objectives with their action areas and targets. It suggests a range of proposed actions for Member States, the WHO Secretariat and international and national partners. While targets are defined for achievement globally, each Member State can be guided by these to set its own national targets, taking into account national circumstances and challenges.

20. In order to achieve the vision and goal defined above, the prevention, treatment and care of epilepsy and other neurological disorders should be strengthened, wherever possible, utilizing entry points and synergies to achieve the best results for all.
The Intersectoral Global Action Plan for Epilepsy and other Neurological Disorders

Global targets for strategic objective 1

Global target 1.1
75% of countries will have adapted or updated existing national policies, strategies, plans or frameworks to include neurological disorders by 2031.

Global target 1.2
100% of countries will have at least one functioning awareness campaign or advocacy programme for neurological disorders by 2031.

1.1 Advocacy

28. Advocacy represents the first step in raising awareness and better public understanding of brain health and neurological disorders. It is necessary to improve neurological care, reduce stigma and discrimination, prevent violations and promote human rights. Advocacy also includes public and political awareness of the burden and impact of neurological disorders and the dissemination of evidence-based interventions, including the promotion of brain health and the prevention and treatment of neurological disorders.

29. Effective advocacy, including public awareness campaigns, requires tailoring approaches to reflect each country’s cultural and social context. In addition, it requires involving people with neurological disorders in the centre of all advocacy efforts to achieve desired health and social outcomes. Public awareness campaigns should include information on the promotion and prevention of neurological disorders and should be designed for people living with neurological disorders.
The Intersectoral Global Action Plan for Epilepsy and other Neurological Disorders

2.1 Care pathways

48. Developing interdisciplinary care for people with neurological disorders requires guidelines that are grounded in evidence-based protocols and practices, organized by stages of care and a life course approach.

49. Services and care pathways, including access to quality emergency care, should be responsive to the needs of people with neurological disorders, their carers and families, who live in both urban and rural areas, and should be inclusive of vulnerable population groups, including socioeconomically disadvantaged individuals, children, older people, people affected by domestic and gender-based violence, prisoners, refugees, displaced populations and migrants, indigenous populations and other groups specific to each national context.

2.2 Medicines, diagnostics and other health products

58. Medicines, diagnostics and other health products, such as assistive technology, biological products, and cell and gene therapy, are essential for the prevention, early diagnosis and treatment to reduce mortality and morbidity and improve the quality of life of people with neurological disorders.

59. Essential medicines have a crucial role for both the prevention and treatment of neurological disorders. For example, medicines for multiple sclerosis exist that slow disease progression and improve the quality of life for many people, but their availability and affordability are limited in low- and middle-income countries.

60. The use of medical devices, including imaging and in vitro diagnostics (e.g., neuroimaging, lumbar puncture and microscopy) can reduce morbidity through early detection and by slowing disease progression. Even when effective diagnostic tools are available, they may not be affordable or accessible due to the limited availability of laboratory infrastructure, equipment and trained personnel.

61. Assistive technology enables people to live healthy, productive, independent and dignified lives and reduce the need for formal health and support services, long-term care and the work of carers. Few people in need have access to assistive products due

Global target 2.1
75% of countries will have included neurological disorders in the UHC benefits package by 2031.

Global target 2.2
80% of countries will provide the essential medicines and basic technologies required to manage neurological disorders in primary care by 2031.

2.3 Health workers’ capacity-building, training and support

66. Achieving improved health outcomes depends greatly on the combination of an adequate neurological workforce (e.g., adult neurologists, child neurologists, neurosurgeons, other health care providers, including but not limited to psychologists, psychiatrists, occupational therapists, speech therapists, and community health workers who are trained in identifying and managing neurological disorders.

67. The training and education of an interdisciplinary workforce, including social care workers, rehabilitation specialists trained in neurological conditions, technicians/physiologists/imaging, laboratory, pharmacists, biomedical engineers, community health workers, family caregivers and traditional healers, where appropriate, is required to support the delivery of person-centred care to people with neurological disorders, reduce their mortality and morbidity and improve their quality of life.
3.1 Promoting healthy behavior across the life course

82. Promoting and emphasizing brain health across the life course includes focusing on healthy behavior. There are strong interrelationships between several neurological disorders, such as dementia and stroke, with NCDs such as hypertension, diabetes, obesity and other as well as with behavioral factors, such as physical inactivity, unhealthy eating and the harmful use of tobacco.

83. An understanding of the risks contributing to the neurological disease can inform prevention and lead to the development of modifying strategies.

84. Smoking is a behavior-related risk associated with neurological disorders, such as stroke, dementia and multiple sclerosis. Second-hand tobacco smoke to account for 4% of the global stroke burden in 2010.85

3.2 Infectious disease control

91. The neurological consequences of infectious diseases such as meningitis, encephalitis, Guillain–Barré syndrome, tetanus, polio, and rabies are avoidable, and efforts to prevent and control them are effective. For example, polio can be prevented through immunization programmes and effective disease control.

92. The emergence of new zoonotic diseases can be attributed to several causes, including unsustainable agricultural intensification and the reduced use and exploitation of wildlife.93

93. Despite advances in global infectious disease control, epidemic infections such as Zika and SARS-CoV-2 have underscored the importance of infectious diseases remaining as a defensive measure for neurological disorders. For example, the COVID-19 pandemic has led to health-care workers and other front-line workers across the life course, with a role protective and support from people with disabilities and other vulnerable groups.

94. Many non-communicable diseases can also result in traumatic brain and spinal cord injury. Protective helmet trauma is associated with chronic traumatic encephalopathy and increases dementia risk. Awareness, laws and policies to educate drivers, parents of athletes and policies that implement policies are needed to prevent some cases of traumatic brain and spinal cord injury.

3.3 Preventing head/spinal trauma and associated disabilities

96. Traumatic brain injuries are contributing to many cases of chronic traumatic encephalopathy with other neurological conditions including stroke, dementia and multiple sclerosis. Second-hand tobacco smoke to account for 4% of the global stroke burden in 2010.85

98. Each year, 37 million falls are severe enough to require medical attention and mostly affect older adults, adults with disabilities, particularly

3.4 Reducing environmental risks

112. The early stages of life, including the fetal stage and birth, present a particularly sensitive period to promote brain health and prevent neurological disorders that can have lifelong consequences as a child’s brain develops and adapts rapidly in response to the surrounding environment, nutrition and socialization.

113. Optimizing brain development in the home is essential in creating conditions for nurturing care,” and family and parenting support through public policies, programmes and services. These enable communities and caregivers to attend to children’s physical health, nutrition health, substance use, congenital infections (such as TORCH infections - toxoplasmosis, rubella, cytomegalovirus, herpes simplex), or birth complications have a negative impact on the developing brain and carry lifelong implications for brain health.115

116. Certain environmental pollutants are specifically known to affect neurodevelopment. These include air pollution, heavy metals in soil and water lead in household paint, mercury in seafood and workplace exposure and pesticides.117 Young children are especially vulnerable to lead toxicity and even low levels of exposure can result in reduced attention or learning problems and other neurological disorders.

118. Parental smoking has been associated with exposure to second-hand smoke and increased risk of respiratory infections. In fact, in children and young people, smoking and second-hand smoke exposure are the leading causes of death from respiratory infections.119

119. Climate change and global environmental changes that are simultaneously affect human health and neurological conditions, often in an interplay manner. For example, the transmission of vector-borne neurological infections such as flavivirus, arbovirus, and West Nile disease is greatly affected by climate factors, such as temperature and rainfall.120
The Intersectoral Global Action Plan for Epilepsy and other Neurological Disorders

4.1 Investment in research

126. If the incidence of neurological disorders is to be reduced and the lives of people with neurological disorders are to be improved, sustained investment in biomedical, clinical, implementation and translational research is crucial to inform prevention, diagnosis, treatment and care and create the potential to cure more neurological disorders.

127. All research and innovation activities for neurological disorders must be rooted in equity, diversity and inclusiveness, with increased engagement of people with neurological disorders.

4.2 Data and information systems

133. The availability of health and social care data on neurological disorders can support the identification of gaps in service delivery, improve the accessibility to and coordination of care for people with neurological disorders and promote better understanding and detection of population-level changes and trends.

134. Information systems for neurological disorders are often rudimentary or absent, especially in low-income countries, which complicates data acquisition on the availability and utilization of neurological services and the needs of people with neurological disorders and their carers.

135. The systematic integration of data collection into population-level and routine health information systems and the regular monitoring of neurological disorders based on a core set of measures forms the basis of evidence-based actions to improve services and measure progress towards implementing national programmes for neurological disorders and brain health.
The Intersectoral Global Action Plan for Epilepsy and other Neurological Disorders

5.1 Access to services for epilepsy

143. Epilepsy is a highly treatable condition and more than 70% of people with epilepsy could live seizure-free lives if they had access to appropriate anti-seizure treatment, the most cost-effective of which are included in the WHO Model List of Essential Medicines. Despite this, the current treatment gap for epilepsy is estimated at 75% in low-income countries and is substantially higher in rural than in urban areas.

144. Wide treatment gaps may result from a combination of decreased capacity in health care systems, the inequitable distribution of resources and the low priority assigned to epilepsy care. Factors that widen this gap include literacy, health awareness, and societal stigma.

5.2 Engagement and support for people with epilepsy

145. People with epilepsy and their families across all resource settings are subjected to stigmatization and discrimination as a result of the misconceptions and negative attitudes that surround epilepsy, including the belief that epilepsy is the result of possession by evil spirits or that it is contagious.

149. Innovative strategies are needed to strengthen international efforts and national leadership to support policies and laws for people living with epilepsy, improve public attitudes and reduce stigma, while fully respecting the human rights of people living with epilepsy.

150. Stigmatization leads to human rights violations and social exclusion. In some settings, children with epilepsy may not be allowed to attend school, while adults with the condition may not be able to find suitable employment or to marry.

152. People with epilepsy, their carers and organizations that represent them should be empowered and involved in advocacy, policy, planning, legislation, service provision, monitoring and research in epilepsy.
### Table 1: List of global targets

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
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<tbody>
<tr>
<td>1.1</td>
<td>75% of countries will have adopted or updated existing national policies, strategies, plans or frameworks to include neurological disorders by 2031.</td>
</tr>
<tr>
<td>1.2</td>
<td>100% of countries will have at least one functioning awareness campaign or advocacy programme for neurological disorders by 2031.</td>
</tr>
<tr>
<td>2.1</td>
<td>75% of countries will have included neurological disorders in the UHC benefits package by 2031.</td>
</tr>
<tr>
<td>2.2</td>
<td>80% of countries will provide the essential medicines and basic technologies required to manage neurological disorders in primary care by 2031.</td>
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<tr>
<td>3.1</td>
<td>80% of countries will have at least one functioning intersectoral programme for brain health promotion and the prevention of neurological disorders across the life course by 2031.</td>
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<tr>
<td>3.2</td>
<td>The global targets relevant for prevention of neurological disorders are achieved, as defined in:</td>
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<td></td>
<td>- the NCD-GAP;</td>
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<tr>
<td></td>
<td>- Defeating meningitis by 2031: a global road map; and</td>
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<tr>
<td></td>
<td>- Every newborn: an action plan and to preventable deaths.</td>
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<tr>
<td>4.1</td>
<td>80% of countries routinely collect and report on a core set of indicators for neurological disorders through their national health data and information systems at least every three years by 2031.</td>
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<tr>
<td>4.2</td>
<td>The output of global research on neurological disorders doubles by 2031.</td>
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<tr>
<td>5.1</td>
<td>By 2031, countries will have increased service coverage for epilepsy by 50% from the current coverage in 2021.</td>
</tr>
<tr>
<td>5.2</td>
<td>80% of countries will have developed or updated their legislation with a view to promoting and protecting the human rights of people with epilepsy by 2031.</td>
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### Annex 2:

**Indicators for measuring progress towards defined targets of the Intersectoral Global Action Plan on Epilepsy and Other Neurological Disorders 2022 – 2031**

1. The indicators for assessing progress towards meeting the global targets of the Intersectoral Global Action Plan on Epilepsy and Other Neurological Disorders 2022 – 2031 represent a subset of the information and the reporting needs that Member States require to adequately monitor their policies and programmes for neurological disorders. Given that targets are voluntary and global, Member States are not necessarily expected to achieve all the specific targets individually but can contribute to a varying extent towards reaching them jointly.

2. The global targets established for each strategic objective provide the basis for measurable collective action and progress by Member States towards global goals and should not negate the setting of more ambitious national targets, particularly for those countries that have already reached global ones.

3. As indicated under Strategic Objective 4 of the plan, the Secretariat will provide guidance, training and technical assistance to Member States, upon request, for the development of national information systems to capture data on indicators of neurological health system inputs, activities and outcomes. The aim is to keep building on existing information rather than creating new or parallel systems. Existing monitoring and accountability mechanisms for mental health, noncommunicable diseases and infectious diseases will be drawn upon to measure the relevant targets and indicators of the Intersectoral global action plan on epilepsy and other neurological disorders 2022 – 2031.

4. The term "neurological disorders" is used to denote conditions of the central and peripheral nervous systems that include epilepsy, headache disorders, neurodegenerative disorders, cerebrovascular diseases, neuromuscular disorders, neuroinfectious diseases, neurodevelopmental disorders, traumatic brain and spinal cord injuries and cancers of the nervous system. The neurological disorders which cause the greatest disability globally are stroke, migraine, dementia, meningitis, and epilepsy.

5. Epilepsy can serve as an entry point for accelerating the strengthening of services including information systems for other neurological disorders.
Intersectoral Global Action Plan for epilepsy and other neurological disorders

2022-2031

IGAP Implementation: a priority
WFN: Education

The mission of the WFN, as a UK registered charity, is to foster quality neurology and brain health worldwide, a goal we seek to achieve by promoting global neurological education and training, with the emphasis placed firmly on under-resourced parts of the world.

- Educational programs
- Training Centers, Department visits
- JTFs, Congress bursaries
- Grants
- Educational Days
- Continuum
- Awards: T. Munsat

Professor Theodore Leon Munsat, MD (1930-2013)
WFN Trustee, Chair of the Education Committee
Co-founder of Continuum
The mission of the WFN, as a UK registered charity, is to foster quality neurology and brain health worldwide, a goal we seek to achieve by promoting global neurological education and training, with the emphasis placed firmly on under-resourced parts of the world.

https://wfneurology.org/education
Opportunities in Global Brain Health with the World Federation of Neurology

Thank you for your kind attention
Do you know about IGAP

• No
• Yes, I heard about it
• Yes, we (my country//region) are implementing IGAP
Do you know about WFN Educational programs?

• No
• Heard something
• Yes I (my team) participated
• Plan to participate