

I write to declare my intention to stand for election as a member of the Commission on African Affairs (CAA). I was introduced to the activities of the International League against Epilepsy in 2007 at the American Academy of Neurology meeting. Since then I have been interested in the activities of ILAE because of its goal and objectives of alleviating suffering and improving epilepsy care in Africa and worldwide in general. In Nigeria I was a foundation member of the Nigerian League against Epilepsy in 2009 when I was elected a regional representative for middle-belt Nigeria. Before then I had been an active member of the Nigerian Epilepsy Society which was later subsumed into NLaE. In 2016 I became the secretary of NLaE, the position I occupied till date.

As the secretary general of NLaE, our vision has been to ensure that all Nigerians living with epilepsy receive efficient and holistic care. This we are doing through organizing enlightenment campaigns for medical and paramedical health workers and the public in collaboration with Nigerian Bureau against Epilepsy. At the state and national levels, I have been involved in the delivery of public lectures and talk at various fora on epilepsy, its stigma and psychosocial problems; and spoken on television and radio programs. I have written invited articles on epilepsy in some National dailies and electronic media. As chairman of therapeutic care committee of our hospital I have pushed for availability of antiepileptic drugs in the hospital. I am involved in making available antiepileptic. Part of my clinical and research experiences included long visit and training at some epilepsy centers in North America and Europe. I have also had attended several short training courses and neuroscience schools on epilepsy.

My topmost priority on epilepsy care for Africa is how to contextualize research findings into a local content with the aim of finding lasting solution to the myriad of problems confronting epilepsy care. This I believe is achievable through the use of available resources and manpower. I also desire to get the younger and upcoming health care workers and general practitioners get involved in epilepsy research and care. There is the need to engage multinational drug companies on how to make available generic antiepileptic drugs (other than Phenobarbitone) into African countries. We also need to take more seriously the growing trend of fake and substandard AEDs in most Africa countries. This is making seizure control difficult and giving patients and relatives excuses for not believing in orthodox therapy for epilepsy.

If given the opportunity to serve on the Commission for African Affairs, I hope to use my previous wealth of experiences in epilepsy care to influence and encourage research networks & collaboration within Africa and other countries. This I believe will ultimately culminate in reduction of the existing gap in epilepsy knowledge and care in the continent

I count on you to give me your vote so that I can contribute my quota towards improving epilepsy care in Africa.

Yours sincerely



Emmanuel Sanya