Message from the Vice President

It is my great honor to have been elected as a member of the Executive Committee for the 2013-2017 term. I want to express my sincere gratitude and thanks for your support in the ILAE election. For the next four years and beyond under the leadership of the President-Elect Emilio Perucca, I believe it is our mission to continue and further enhance collaborative international education, training, and research to improve the quality of life for all the people with epilepsy, regardless of gender, age, geographic location and economic status.

Since becoming the First Vice President (2009-2013), I have been actively involved in many international efforts for the epilepsy community. I am especially proud of the efforts of the Constitution Task Force that I chaired. Although there were a number of changes, the most important constitutional change is the direct election of the Chair of Regional Commission by the member Chapters of each Region. This change ends the practice of the Executive Committee appointing the chairs. The elected Regional Chair will also now be a member of the Executive Committee, which should improve communications not only between the leadership of the League and the Regions but also across Regions, for the benefit of the ILAE as an international organization.

My international perspective began in 1973 under Professor Robert Naquet in Paris, when I studied basic research using techniques such as kindling and kainic acid-induced seizures, and continued under Professor Andre Olivier at the Montreal Neurological Institute, where I acquired clinical experience in epilepsy surgery. My basic research background has been extremely important to my understanding of the pathophysiology of epilepsy, and I have applied what I learned about central neuronal networks to the development of therapeutic strategies for my patients. For this reason, I strongly support the emphasis that the ILAE has placed on translational research to move laboratory research findings to clinical practice.

I believe it is our mission to continue and further enhance collaborative international education, training, and research. One of the great challenges will be the training of new epileptologists in underserved areas, but the international epilepsy community faces other challenges such as fighting the stigma surrounding epilepsy. Educational campaigns based on a strong collaboration between ILAE and IBE are necessary to break down the barriers faced by the people with epilepsy. Another remaining challenge is the significant regional disparity that persists in epilepsy care despite the 100-year history of ILAE. According to a report by the United Nations, 84 percent of the world’s population is in Asia, Africa, and Latin America, the Regions with the fewest neurologists and even fewer experts knowledgeable about epilepsy. The ILAE is working hard to address this need. Through the efforts of President Solomon Moshé, the First African Epilepsy Congress, the first ILAE-IBE conference to take place in the African Continent, was held in 2012. I hope that the perspective I bring from Asia will help bridge the epilepsy care gap by increasing efforts in developing countries. Finally, dissemination of ILAE information about epilepsy is an urgent mission. There are many countries in the world, which cannot afford access to journals or participation in international Congresses.

The ILAE website is being developed to expand the information that can be viewed by all. Further development of this approach can serve to supply important information to many underserved areas.

Again, I am greatly honored by the result of the election. I am looking forward to working and collaborating with all of you in the next term (2013-2017).

ILAE’s Strategic Plan, Accomplishments 2009-2013

The ILAE’s mission is to ensure that health professionals, patients and their care providers, governments, and the public worldwide have the educational and research resources that are essential in understanding, diagnosing and treating persons with epilepsy (http://www.ilae.org/Visitors/About_ILAE/mission.cfm)

Strategic Plans are created by organizations to help them fulfill their missions. We break the mission down into several key parts, such as education or patient care, and decide what is most needed in the near term to reach our ultimate goals. These plans are used as a “roadmap” to prioritize the immediate and short-term steps that will take us where we want to go.

The ILAE’s Strategic Plan was developed after the Budapest Congress, and approved by the Executive Committee (EC) in 2009. As we near the end of this EC’s term, it is time to evaluate what was accomplished, and to decide what should be incorporated into the Strategic Plan for the next term.

With the vision and mission statements in mind, Goal 1 of the Strategic Plan was for the League to be the authoritative resource for current and emerging knowledge on epilepsy diagnosis, treatment, and research. This goal was divided into three aims: develop internationally applicable guidelines for the diagnosis and treatment of epilepsy, enhance international education and training for the prevention, diagnosis, and treatment of epilepsy and stimulate and enhance basic and clinical research in epilepsy.

Goal 1 is the central identity of the ILAE for many decades (Moshé et al., Epilepsia 52:185-197, 2011). The League remains the source for epilepsy classification and in new areas such as classification of cortical dysplasia and hippocampal sclerosis. The League has joined forces with the World Federation of Neurology and the American Academy of Neurology to merge guidelines for the international epilepsy community. The ILAE has also worked in close association with the World Health Organization in incorporating ILAE’s 2010 Classification of the Epilepsies into the proposed ICD-11 codes. Education and training is an integral part of our many Congresses at the International and Regional Congresses throughout the world. These meetings are supplemented with the online education (VIREPA) and training through a number of regional meetings and courses. The ILAE is supporting the development of the next generation of researchers through sponsored training like the Summer Venice Epilepsy course.

Goal 2 was for the ILAE to serve as an international information resource and leader for optimal, comprehensive epilepsy care. There are four aims under this goal: work with local organizations, Regional Commissions, and partner organizations like the IBE and the WHO through the Global Campaign Against Epilepsy, promote and facilitate initiatives for broad standards of comprehensive epilepsy care, interact with governmental groups in establishing the needed resources and enable all health care professionals to have an active relationship with ILAE.

Again, the ILAE has made substantial progress during the current EC. The Global Campaign Against Epilepsy was re-assessed and became the Global Outreach headed by the presidents of ILAE and IBE. Over the past four years, the ILAE has participated in regional initiatives about epilepsy care. The League was involved in the 2012 publication of the U.S. Institute of Medicine report on epilepsy, the Pan-American Health Organization plan to improve care throughout the Americas, and the European Initiative with the Written Declaration on Epilepsy. The ILAE continues to work with like-minded organizations such as Vision 20/20 in North America. One of the more exciting initiatives was to link sports figures with persons with epilepsy through the Sports and Epilepsy Task Force (G Capovilla).

(Continued on page 6)