

Throughout my entire life I have always been deeply affected and driven to address problems of social inequality. Martin Luther King's words: *"Of all forms of inequality, inequality in healthcare is the most shocking and inhumane"* have had profound meaning since I first absorbed them years ago. My journey in life for medical training has taken me many places but I have always been anchored to Jamaica, where I was born, and to the wider English-speaking Caribbean of which Jamaica is a part. The past 25 years of my life have been dedicated to addressing the issue of inequality in the context of epilepsy. People with epilepsy face stigma, suspicion, and marginalization to a degree that often makes them the most socially unequal in many parts of the world. Yet, I have also had the privilege of meeting so many who desire to be part of a change process for these most marginalized people in society. My journey has given me the privilege of learning from experiences and from the people I have met.

After decades of attempting successfully and sometimes unsuccessfully to transfer technologies and learnings from North America to Jamaica and the English-speaking Caribbean, I have realized that sustainable solutions to complex healthcare problems like epilepsy exist at the nexus of medical insight obtained from lived experiences and a proper understanding of their fiscal underpinnings at a micro- and macroeconomic level. Collaborations must focus on achieving mutually rewarding goals to be sustainable. Indeed, sustainability is challenging in developing countries whose economies are so vulnerable to a range of unpredictable external shocks, including climatic events as recently shown by Hurricane Beryl, but also in the challenges of inexorable global warming. These events divert much needed resources as well as directly damage infrastructure for epilepsy care. Fiscal matters create hurdles not necessarily from a lack of economic capacity but by many downstream effects on providers, including government healthcare systems, as well as patients and their families. The developing world is very varied ... not a simple high-income low-income dichotomy, so issues and aspirations are very individual, even within the same country. Despite this there are many common challenges and similarly, common solutions. Thus, it is helpful that the Caribbean is a sociocultural, economic and ethnic microcosm, and its problems and solutions potentially representative of many parts of the world.

As the IGAP plan with the WHO advances I believe that while outcomes in developing countries have tended to focus more on antiseizure medication use and seizure reduction, my experience in the Caribbean has been that it is equally important to address quality of life, neurocognitive development and pragmatic considerations of healthcare utilization. Effecting enduring change requires bringing best-available evidence together with clinician judgement and the patient's involvement in shared decision-making. Making this happen in the greatly heterogenous and vastly different healthcare systems of the world requires deep insights from varied experiences.

A quarter of a century ago a colleague once said to me, in supporting my decision to focus on epilepsy, that the field of epilepsy is a family, that the people in the field really cared about each other and about their patients. The family has grown but the ILAE is still very much a family, united by the burning desire to make life better for everyone with this disorder. It is therefore truly humbling to have been supported by my local chapter the ESC to serve, if chosen, on the ILAE's Management Committee.

Respectfully yours,

Amza Ali