

Epilepsyfrica

-----THE NEWSLETTER OF THE COMMISSION ON AFRICAN AFFAIRS-----

Charting a new path in the management of epilepsy in the African continent

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FEATURES.

It is exactly this month one year ago that the African Commission was born. The enormous challenges facing our continent especially in the area of healthcare delivery to its citizens cannot be overemphasized. Faced with other pressing issues and social conflicts bringing epilepsy to the fore has been an uphill task. Much remains to be achieved but one should note some of the progresses made so far. Africa as a continent is in motion in all areas and has been called the continent of the future. Over the years including in the recent past the number of training institutions for doctors and nurses has grown, more qualified personnel in the area of neurological disorders have been trained as well. The number of diagnostic equipments for neurological diagnosis has grown. Some of these facts can be shown by the number and quality of papers coming from the continent.

However there is still much to be done. Most of our people are living in rural areas and are illiterate. Use of traditional remedies for the cure of neurological disorders and poverty are huge problems to be tackled.

Cheaper drugs from Asia may have reduced the cost of treatment but quality is not always guaranteed. The available manpower is not enough and remunerations are poor leading to brain drain. The challenges are great and demands even a greater radical approach.

The task before the commission is therefore first to consolidate already made gains and create awareness of epilepsy and related disorders. Every avenue should be used including newspapers, radios, television and community based programs. It is our hope that Prof. Gallo and his team will do a great job to improve Epilepsy Care in Africa. We believe that consistency and feasibility of ideas should form the bedrock of their vision. Congratulations and we look forward to a great future.

It is with a heavy heart that we commiserate with the team on the loss of one of theirs Prof. Bryan Kies from South Africa. Bryan was an experienced neurologist who was poised to contribute a lot to the care of epilepsy in the continent. Our heart goes out to the family, the Medical community of South Africa and to Prof. Gallo Diop and the entire team of CAA.

President's column

Friends and Colleagues,

The first baby is born !

In November 2010, the African commission of ILAE was set up in Dakar, Senegal from the 19-20th of November 2010. We are expecting a new era of Epilepsy care in Africa. Our hope is indeed great.

Before I convey my message, I on behalf of all CAA's Board members, wish to pay tribute to Prof. Bryan Kies a founding member of our Commission who passed away few months ago. He was a great, generous and efficient leader for Neurology and Epilepsy Care in Africa. He was our Commission's Education Officer. Africa, South Africa and the Epilepsy world will miss him a lot. We welcome Prof. Jo Wilmshurt also from South Africa, who will play the role of Education Officer from now. In the past few months, she has demonstrated high expertise and strong leadership.

We thank all the people around the world who are supporting our ideas, wishes, plans and vision over the past years. The new generation of Africans, well trained, open to the world, enriched by their cultural background and conscious of their historic responsibilities, want to "shake the Baobab" (a big solid tree in Sahel countries) and let its fruit be consumed for all in need of better management of epilepsy. This will be achieved through conducting come via good training sessions, carrying out concrete and efficient research work and improvement of patient care coupled with building strong and sustainable partnerships around the world.



Pr. Diop Gallo. President African Commission.

The last UN summit on (Non communicable disorders) NCDs in September 2011 opened for us a great opportunity and will give a strong impulse for such disorders. The World Congress of Neurology will which was organized for the very first time in Africa (Marrakech, Nov, 2011) was an opportunity for us to meet and make a step forward. In 2012, the very first Epilepsy Congress will be organized in Africa, in Kenya and will definitively put Africa in the global perspectives. Prof. Paul Kioy, in cooperation with ILAE and CAA staff, with excellent coordination from ILAE's Epilepsy Congress Division are working hard to bring this dream to fruition. We hope that all these opportunities will create new vocations in Neurology for more young African trainees.

I would like to thank and congratulate all the CAA's Board members who are doing. I would also to thank the ILAE President and executive for their commitment and efficient cooperation since Dakar. During the Rome Epilepsy Congress, an exemplary common work has been produced. An excellent spirit of friendship and professionalism is surrounding our progression to reach our goals. We all congratulate Dr Birinus, our CAA Communication Officer, for the excellent job realized in few months and for having conceived this first issue of our Bulletin. It will be an excellent source of information, sharing, and communication for us and us and the rest of the world. Let us make regular and informative. It could bridge the huge communication gap which is usually remarked in Africa.

Thank you to our African colleagues for their confidence. Thank to the ILAE and its Board chaired by Pr Moshe for their support and guidance.

Prof. Diop Gallo.
President African Commission

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**COMMISSION OF AFRICAN AFFAIRS
INAUGURAL MEETING. DAKAR,
SENEGAL. NOVEMBER 19-20, 2010**

The official inaugural meeting of the African commission of ILAE took place in Dakar, Senegal from the 19-20th of November 2010. The parent body- the International League Against Epilepsy was the convener and the facilitators were Prof Amadou Gallo Diop of Senegal and Senegalese League Against Epilepsy.

Representatives from the following countries were present: Dr Calixte Kuate-Tegueu (Cameroon), Dr Sammy Ohene (Ghana), Prof. Amara Cisse (Guinea), Prof. Paul Kioy (Kenya), Prof. Baba Koumare (Mali), Dr Birinus Ezeala-Adikaibe (Nigeria), Prof. Amadou Gallo Diop (Senegal), Dr Brian Kies (South Africa) and Dr Angelina M Kakooza from Uganda.

ILAE delegation was led by President Prof. Solomon Nico Moshe (USA), Prof. Emilio Perucca (Treasurer; Italy), Prof. Sam Wiebe (SG; Canada), Prof Michel Baulac (2nd Vice-President; France) and Prof Lionel Carment (Canada). Observers invited were Prof. Alfred Njamnshi of Cameroon (President of Pan African Association of Neurological Sciences), Prof Pierre-Marie Preux (Tropical Neurological Institute of Limoges, France), Dr Anthony Zimba (IBE Africa Commission; from Zambia).

A welcome address was read by Prof Mansour Ndiaye, Head department of Neurology of the University of Senegal. This was followed by a brief remark by Prof Solomon Moshe who talked about the history of African Commission, failures and challenges so far. Presentations were made on the present and past efforts of country Leagues Against Epilepsy.

Prof Lionel Carmant, Prof Wiebe and Prof Pierre-Marie Preux made presentations, all targeted to show the great opportunities and prospects in working as a team to develop the African Commission. It was noted that a lot of work has been done or is presently going on in various parts of the continent but there is a need for proper coordination and collaboration.

The second day of the meeting was dedicated to the formation of the commission (ILAE-CAA). The executive members of ILAE all contributed by emphasizing on the benefits of working as a team and the successes achieved in other regions of the world and the scope of the future CAA based on ILAE by-laws. The president, Prof. Nico Moshe encouraged the African Commission to move forward and work as a team despite the envisaged challenges. He urged them to call on the parent body for help when the need arises. He stated that the North American Commission is looking forward to building partnership in Africa in promoting the treatment of epilepsy and research into newer epilepsy syndromes which may exist in Africa.

Later in the day the potential members of CAA were left to discuss and elect the officers that will run the commission until 2013. The officers were selected (see below) and were later endorsed by the International executive. Further work was done in setting out the commission's Action Plan for 2011-2015.



Delegates and Staff of the Dakar Conference on the formation of CAA. Paul Kioy, Anthony Zimba, Gallo Diop, Lionel Carmant, Calixte Kuate, Sokhna Ba, Mansour Ndiaye, Mareme Sene, Nico Moshe, Bryan Kies, Birinus Adikaibe, Emilio Perruca, Pierre-Marie Preux, Baba Koumare, Sammy Ohene, Amara Cisse, Michel Baulac, Sam Wiebe.

ACTION PLAN FOR CAA 2010-2013

At the recently concluded inaugural meeting of CAA that took place in Dakar, Senegal the following goals were set as the action plan.

1. Update the existing data base of neurologists, psychiatrists, neurosurgeons, neuroscience and training centers.
2. Propose an agenda of annual training courses.
3. Update present and previous research works. Set up a time frame for an African congress on epilepsy.
4. Update issues concerning access to care was also raised and included in the action plan as a Task Force.
5. Encouraged chapters to participate more actively in international activities by attending conferences/congresses.
6. Look for ways of expanding the number of African Chapters and their membership.
7. Expand the League to include teachers, social workers and other lay people for raising awareness about epilepsy.

The implementation of the various aspects of the action plan is to be carried out by local chapters however the CAA is to coordinate the work. Each action plan was delegated to the various offices of the commission.



Executives of Commission on African Affairs,

2nd row (stand up; L to R): Birinus Adikaibe (Communication), Baba Koumare (Global Outreach), Bryan Kies (Education), Paul Kioy (Training), Sammy Ohene (Task force on Access to-Care). 1st row (stand up; sit down; L to R): Calixte Kuate (SG), Gallo Diop (Chair), Angelina Kakooza (Treasurer). Missing: Amara Cisse (Task Force A-to-C)



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Executives of CAA, ILAE and Observers

2nd row (stand up; L to R): Sam Wiebe, Michel Baulac, Anthony Zimba, Birinius Adikaibe, Baba Koumare, Emilio Perruca, Bryan Kies, Pierre-Marie Preux, Paul Kioy, Sammy Ohene, Mansour Ndiaye. 1st row (stand up; sit down; L to R): Nico Moshe, Calixte Kuate, Gallo Diop, Alfred Njamshi, Angelina Kakooza, Lionel Carmant.

EPILEPSY CARE IN AFRICA. EFFORTS AND PERSPECTIVE.

ILAE REPORT FOR THE AFRICAN REGIONAL COMMISSION ON EPILEPSY by Lionel Carmant.

The International League Against Epilepsy (ILAE) has commissioned me to help establish the current status of collaborative work between Sub-saharan African countries and countries in the Northern hemisphere in an effort to help the new African Regional Commission on Epilepsy establish its priorities over the next five years based on potential partners for sustainable development projects. To understand the situation in Africa, the original plan was for me to interview with a marketing firm all presidents of ILAE chapters in Africa and separately their northern partners. However, to respect the local

desire of self-determination, I was asked not to interview African leaders but only potential northern partners. To better understand the local situation, I had the opportunity to review the following documents:

From African countries:

- The African Declaration on Epilepsy 2000
- Moving the shadows. ILAE in Africa: A view from Africans in Africa. September 2009. Prepared by Paul G. Kioy – Kenya Society for Epilepsy with input from Prof. Zenebe – Ethiopia, Dr. Anthony Zimba - Zambia and Mr. Augustine Mugarura – Uganda
- Projet de statut de la Fédération Africaine Contre l'Épilepsie (FACE)

From their partners:

- Commission francophonie et coopération- Avril 2010
- A program of epilepsy in the Portuguese speaking community- 2009

Summary of African reports: Reports suggested that training, skill transfer and capacity building should be the head of the list of priorities.

Major problems include:

- 1) The fact that activities on Epilepsy that have so far been carried out like the global campaign projects appear to have been planned outside the continent.
- 2) Fragmentation of epilepsy care exemplified by the following situation. This can only be addressed through education.
- 3) Epilepsy services for the two population groups (poor and rich) need to be addressed simultaneously which means running epilepsy services in a stratified manner. An elaborate referral system to and from the higher levels would ensure that the quality facilities are not overwhelmed by numbers.
- 4) Knowledge transfer is a major problem for the more than 70% of illiterates who cannot benefit from written material but also to the health care providers who know little about epilepsy.

5) There is clearly a fear for cognitive adverse events in patients with normal intellect as it might impair their chance of academic success and be a barrier to their quest for financial autonomy. So phenobarbital, although part of the solution cannot be the only solution in Africa.

Proposed interventions:

- 1) Capacity building by increasing the level of knowledge and availability of teaching materials.
- 2) Increase the visibility of epilepsy through ILAE chapter 12/45 potential countries, medical school classes, research in tertiary centers and epilepsy fellowships.
- 3) Train local physicians, clinical officers and nurses in basic epilepsy care by attending workshops and seminars at the district and provincial level regularly.
- 4) Increasing awareness will require increasing resources.
- 5) Get away from the cheap drugs to move toward affordable and appropriate treatment approach.
- 6) Improving national capacities to collect, analyze, disseminate and monitor data on the magnitude risk factors and determinants of disease conditions.
- 7) Telemedicine and web courses.

Officials of ILAE-Commission on Africa affairs.

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FIRST COMMISSION MEETING AND 2011 REPORT

It is one year this month since the inauguration of CAA in Dakar Senegal. The secretary, Dr Calixte Tegueu presents a brief report of the journey so far.

Commission activities in 2011

March 30, 2011: participation to the meeting of the Task force on Distance education (Brussels, Belgium). It was agreed to develop in 2012 with the African Commission, a course for African general practitioners. This would be a pilot course to be presented in English first, with plans to translate to French. Cooperation between African and European or US tutors was suggested. Thought will need to be put into course design since Internet access may impact participation.

Commission meeting: We had the first meeting in August 30th, 2011 during the 29th IEC (Marriott Rome Park Hotel, Italy). Communications among members of the ILAE/CAA were mainly through e-mails and during business meeting.

The next business meeting will be held in June 20th, 2012 in Nairobi Kenya, during the first African Epilepsy Congress (1st AEC).

1st African Epilepsy Congress (Nairobi, Kenya, June 21st – 23rd, 2012).

During the 29th IEC, we had a joint meeting of the CAA, ILAE Executive and IDM for the preparation of the 1st African Epilepsy Congress. The Scientific Advisory and Organizing committee was created and had its first meeting on August 31st, 2011. This committee is working very hard on the scientific program as well as the dates and venue of the congress.

Organization of regional Training courses. A training session will be organized on June 20th, 2012 during the first African Epilepsy Congress. This will be a parallel session prior to the congress. Discussions are going on for the organization of a francophone training course in Bamako, Mali in September 2012.

Accomplishments. Creation of the ILAE commission on African Affairs on November 19th – 20th, 2010. 1st African Epilepsy Congress in Nairobi, Kenya on June 21-23, 2012.

Recommendations for future work. Increase the number of African chapters, Publication of the regional newsletter, Epilepsy training courses should be organized in French, English and Portuguese Provide the list of epilepsy training centers in Africa and organize the visiting professorship in these centers. *Dr Callixte KUATE TEGUEU. Secretary General.*



CAA business meeting (Rome, Italy). Standing (left to right): Osman Miyajji, Albert Akpalou, Sammy Oyenne, Birinus Adikaibe, Youssoufa Maiga, and Victor SiniSitting (left to right): Emmanuel Tanya, Jo Wilmshurst, Angelina Kakooza, Paul Kioy, and Callixte Kuate.

**Education officer report for the CAA
Newsletter.** *Prof Jo Wilmshurst*

I would like to thank the committee for welcoming as a new member to the Commission of African Affairs. I became part of this exciting group when the CAA executive committee met at the International Epilepsy Congress in Rome in August of this year. Following the untimely death of Bryan Keis, I have attempted to step into his shoes both as a member of this committee and also as the CAA education officer.

As a result a number of the activities are a continuum of the legacy Bryan started. Specific education officer activities have included the assistance with the organization of the forthcoming **1st African Epilepsy Congress in Nairobi in June 21st-23rd 2012**. The program which is basically complete includes a comprehensive range of topics both of interest to international specialists but also of relevance to African practitioners. The meeting will have the representation of international speakers and experts in the field of neurology from within Africa. I would encourage you to mark these dates on your calendar and to make a point of attending (www.epilepsynairobi2012.org). A limited number of bursaries are available. In addition the scientific organizing committee is currently in the process of collaborating with WFN /IBRO/EFNS to arrange a training course immediately following on from the congress. The registration rates for the AEC have been kept very reasonable and the Training course will be free.

Other exciting activities will include an educational meeting later in the year in **Mali** - this is in the process of coming together – local organizer for this is Youssoufa Maiga.

Various members of the committee are updating a resource which will document all **potential training units across Africa**. This resource will be used for far more than this. The aim is that it will identify the contact details of key specialists in each country in the fields of adult neurology, child neurology, neurosurgery and psychiatry. The resource will document the capacity in each country e.g. access to EEG, neuroimaging,

epilepsy surgery as well as specific training areas. This will allow specialists across the continent to remain in contact and to allow targeted programs to focus on areas which could benefit from further support and could attain far more with additional training / teaching. It will also allow potential trainees to contact their nearest centre if they are interested in training in various neurological fields.

Some 40% of the African population are children. The health needs of this group are often unrecognized. In **February 2012 the International Child Neurology Association** is running a focus group meeting in **Uganda**. Key representatives from as many African countries as possible have been invited to be part of this. Topics relevant to children with epilepsy will be covered but there will also be time to address specific needs for improving the management of children with epilepsy. It is hoped that this meeting will be just the beginning of bringing together a motivated group who will continue to lobby for better epilepsy care, attempt to translate current guidelines into a viable African context and identify teaching and training needs. The local organizer for this meeting is Dr Angelina Kakooza – treasurer of the CAA committee, I am the other co-organiser and speakers include the prominent ILAE member Professor Helen Cross. So CAA and ILAE are very much part of this enterprise and it is viewed as complimentary to the 1st AEC later in the year in Kenya.

Web-based learning is becoming an essential and effective part of improving skills across the world but especially so in Africa. The CAA is in the process of collating relevant training courses some within ILAE e.g. Virepa and others accessible from other resources. The CAA has set aside funds to support motivated doctors in Africa to ensure these facilities are open to all. pshisler@ilae.org | <http://www.ilae.org>

One of the other exciting initiatives – jointly between the WFN (World Federation of Neurology) and ILAE is the **Visiting Professor program**. Currently the group are formulating the optimal template to get the most out of this concept. Centers in Africa will form a contact,

or link, with a specific centre abroad. Usually this is with a motivated specialist. To gain the most of the program there must be complete clarity as to what the outcome aims would be and what the true needs of the centre are. The visiting professor is envisioned to spend a specific time period (2-4 weeks) in a centre. The program will aim to cover most of the costs (travel, limited support to accommodation) but it is hoped that the local African centre would be able to support some of the internal arrangements. The committee is currently in the process of putting the program guidelines together with the WFN. The centre should clearly define its needs, the aims of the visit i.e. outcomes expected, and to tentatively make a timetable of activities they would wish the VP to undertake e.g. lectures (small and large group), undergraduate and postgraduate interaction, clinical and ward rounds commitments etc. The more defined the visit is before arrival, the better the outcomes will be.

There is a **lack of specialists in Africa** in all fields – both adult neurology and child neurology. Challenges to this will continue for many years and training should ideally remain within Africa both to encourage retention of these skills in Africa, and since training is more relevant when based within the African continent. Training of primary health care workers (PHCW) and nurse specialists is another resource already occurring effectively in parts of the continent (e.g. Zambia by Gretchen Birbeck) – the CAA has a role in promoting training at all levels i.e. from special tertiary level to PHCWs and nurse specialists at the other. Some flexibility in the target areas for training is needed for example in many parts of Africa there are few child neurologists and as a result children are managed by adult neurologists (who may have had no training in child neurology), in other centres epilepsy is managed by psychiatry. Currently the continent does not have the capacity to transfer the care of these groups over to adult or child neurology specialists as would occur internationally and a better approach may be to improve knowledge and support to these groups, to ensure they are all managing patients in the same way.

OBITUARY.

The entire african commission regrets to announce the passing away of Prof Bryan Kies. The former Education Officer of the Commission. Prof Kies was an adult neurologist from South Africa.



EPILEPSY CARE IN AFRICA- OUR TARGETS. *Solomon L. Moshé together with the African Commission of the ILAE*

In the recently concluded World Federation of Neurology Congress in Marrakesh, Morocco. The president of ILAE Prof. S L Moshé put together our vision for epilepsy care in the continent. The passion of Prof Moshé towards epilepsy care in Africa is great and we present a summary of his speech.



Prof S L Moshé

The vision of ILAE is the same all over the world and Africa is not an exemption. We want a world in which no person's life is limited by epilepsy and we our mission is to ensure that health professionals, patients and their care providers, governments, and the public world-wide have the educational and research resources that are essential in understanding, diagnosing and treating epilepsy.

The major thrusts of CAA are to improve the knowledge of epilepsy and care by optimizing diagnosis and treatment and sustaining quality medical education at levels. Other areas that ILAE is focusing are advocacy and research. The major issue facing epilepsy care in Africa is the huge treatment gap in the continent

especially in rural areas. All our goal therefore is aimed at reducing it. To achieve this, the use of treatment guidelines should be introduced and individual countries encouraged to adopt them. Prof Moshé did not totally discourage the use of botanicals but advocated that they should be brought up to the standard and made to undergo thorough standardized research because some of these herbs may hold a great future in developing newer drugs for epilepsy. Other issues in the lecture included efforts to promote continuous medical education at all levels for medical professionals, reduction in the physical burden of epilepsy, fighting issues relating to stigma, developing models for the treatment of epilepsy at all levels and integration of epilepsy care in health systems.

These problems in the African sub region have their peculiarities as in any other region of the world. It may need more effort, a little more time but he was convinced that these goals to improve care in African sub region are achievable. He acknowledged the efforts of IBRO WFN in to this regard. The publication of a Quarterly News Report “Epilepsy News Africa” and Update the GCAE (Global Outreach) Advocacy Document “Epilepsy in the Africa Region in French, Portuguese and English languages, the ICNA workshop (Feb 2012 Uganda) for children with epilepsy (which will have a strong contingent of ILAE members involved), the ILAE / IBE Africa Congress in Kenya, June 21st-23rd 2012, are some of the sound steps in the right direction.

Issues concerning advocacy are some of the high priority areas of the association. This will involve collaboration with other Commissions and other organizations, adoption of current international guidelines and adapting them for the sub region. Others include working with governments, NGO’s consumer groups to identify minimal / optimal necessary AEDs. The major thrust of advocacy campaigns would include improvement of infrastructure and development of good health care facilities – (each country in Africa should have at least 1 tertiary center which can assess patients with

epilepsy). Others include ensuring that every primary health care center has the capacity to recognize epilepsy and access first line drugs for care. There is also need to develop communication towards teachers, social workers and other lay people so as to raise awareness about epilepsy as well as the identification of minimal / optimal necessary AEDs with focus on specific groups.

The entire CAA members wish to acknowledge the efforts of Prof Moshe and all the executive of ILAE for all their encouragement and personal efforts to bring to fruition the goals of CAA.

COUNTRY REPORTS

List of African ILAE chapters. Algeria, Cameroon, Ghana, Guinea, Kenya, Mali, Nigeria, Senegal, South Africa, Tanzania, Uganda, Zimbabwe.

Aims -To set up the organization of the newly formed commission on African Affairs (CAA), To strengthen the communication and ILAE global outreach campaign of the CAA, To establish and strengthen the education activities of the CAA, To improve the access to care for patients with epilepsy, To establish and co-ordinate epilepsy-related research activities in the African continent.

Do you have a chapter in your country? Why not initiate one today. Join this great to improve lives .

Nigeria. The second annual meeting and scientific conference of the ILAE Nigeria Chapter was held from on November 24-26 2010. The theme of the conference was epilepsy related stigma and epilepsy in women and children. The conference started with a preconference school outreach programme where more than 1000 secondary school students were educated on basic issues about epilepsy. A workshop on EEG was held which attracted participants from all over the federation and doctors from all specialities including nurses, EEG technicians physiotherapists,

students and patients. In all ten scientific papers were presented. Lectures on the impact of stigma and the impact of epilepsy on children were delivered. (The 3rd annual conference will hold in March 2012).



Participants at the workshop on EEG during the 2nd annual conference of the Nigeria chapter of ILAE

Local and individual efforts are the driving forces in epilepsy research in the country.

The Nigerian Society of Neurological Sciences encouraged the participants to work as a team in order to present a common front in the efforts to improve the management of epilepsy in the country. The date for the next conference is yet to be announced.

SENEGAL

by Prof G. Diop

In November 2010 a march for Epilepsy was organized in Dakar. More than 500 people participated including the alumni of Prytanee Militaire de Saint-Louis (a military secondary school). In January 2011, a Caravan for epilepsy was organized in Saint-Louis Senegal.

Training (CME) of health personals, free consultations and interaction with local population via media (radio, and TV) was done to create awareness.

The University Hospital of Fann offered the Senegalese league against Epilepsy a site for building its headquarters.

In 2010, the first edition of University diploma course in Epileptology was awarded and the second edition in October 2011. The 12 trainees, from 6 African nations, benefitted from theoretical courses and clinical experiences as well as EEG training sessions.

Earlier, an agreement between Senegalese league against Epilepsy, Sanofi-Aventis, and the Association of African First Ladies for health was signed. Following it, a lot of materials were sent to Dakar: portable EEG, Laptop, Printer, Photocopier, Power generator. The handover ceremony took place on February 22 2010, in presence of Mrs Wade, Senegal First Lady, the Minister of Health, and DG of Sanofi-Aventis Africa.

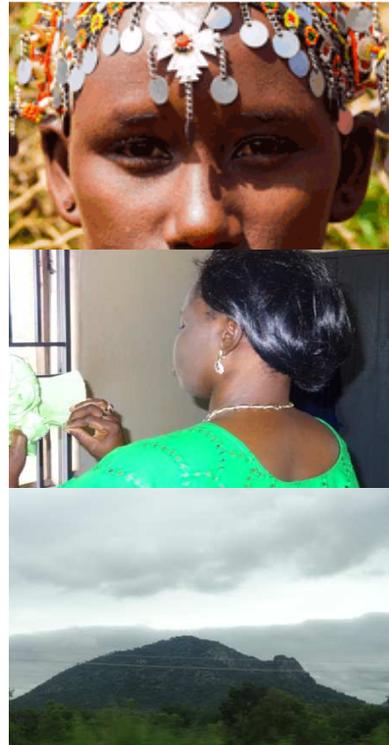
Epilepsyafrika will accept and publish news of individual works and efforts relating to epilepsy from any part of Africa. Short reports, abstracts and news about seminars will be accepted. All correspondence should be sent to epilepsyafrika@yahoo.com or nigeriaepilepsy@hotmail.com

Mark your calendar in 2012 for our upcoming congresses and other congresses.



Prof. G Diop on behalf of the entire executive of CAA gladly announces the the date of the first ever All African Congress on Epilepsy. Perhaps this maybe the best century in development of neurological care in the continent. The first world congress of neurlogy had just been concluded in the African soil and next year is the first ever all African Epilepsy Congress. This is a great time for us to showcase our effort. Through the years many African nations had organized their congresses but not much information on their outcome was dessiminated. We encourage all to participate and to make their voices to be heard.

Congratulations to all !



**1st AEC, Nairobi
2012. *A new face,
A beginning,
Another new
height!*
Why not keep a
date with history!!**

*For further
information vi visit
www.epilepsycongress.org*

