

Dear Friends and colleagues,

ILAE-Asia and Oceania consists of 20 chapters among the whole Asian area such as East Asia, South East Asia, South Asia and Oceania region. It is a heterogenous region in the ILAE with regard to religion, economical state, geographical factors and medical care system. In spite of those different situations, ILAE-Asia and Oceania in the last decades has contributed to this area tremendously for many points by the excellent leadership of current (Dr. Akio Ikeda) and previous chairs of ILAE-Asia and Oceania as follows,

- 1) EEG and epilepsy teaching by ASEPA,
- 2) inter-regional communication by means of biannual AOEC,
- 3) scholarship provided by several countries (Australia, Japan) to the whole Asian area,
- 4) clinical competence endorsement system by means of ASEPA EEG Board System,
- 5) global campaign against epilepsy especially for stigma of epilepsy.

Among of them, especially, ASEPA related activity has been regarded as one of the successful achievement, and thus is has been regard as the good, leading model system for other regions of ILAE. Prof. Akio Ikeda, the current chair of ILAE-Asia and Oceania, has augmented all of them.

In 2020, we have confronted with unexpected and unprecedented COVID-19 crisis, which has greatly reduced epilepsy treatment both in pharmacotherapy and epilepsy surgery. COVID-19 is preventing cross-country visits, which interferes with education of advanced epilepsy diagnosis and treatment to other countries. We have to find a solution head-to-head and need to find an alternative to visiting education. The situation of epilepsy treatment in 20 chapters in ILAE-Asia and Oceania are so different. Just education may be not enough for improving a real level of epilepsy treatment. Despite education and fellowship training, if they don't have a video-EEG system, they won't even start a surgery. So more comprehensive and realistic approach and monitoring would be required in the future.

I have served as a treasurer of ILAE-Asia and Oceania since 2017.

As a president (2015-2018) of Korean Epilepsy Society and a chair (2018-2020) of Epilepsy Prejudice/Stigma Committee, I have dedicated to the following matters for people with epilepsy.

- 1) I have contributed to first make a new reimbursement system for patients with intractable epilepsy. So now patients with intractable epilepsy pay only 10% of all medical costs including surgery and vagus nerve stimulation.
- 2) I have contributed to change a government regulation to make all physicians being able to prescribe SSRI anti-depressants to patients with epilepsy (in the past, only psychiatrists can prescribe SSRI antidepressant for more than 60 days).
- 3) I have contributed to get a government fund and established an Epilepsy Care Support Center first

in Korea which supports medical and social welfare of all epilepsy patients including Epilepsy Help-Line (9:00am to 5:00pm from Monday to Friday).

4) I have provided an epilepsy education to 690 school nurses in 690 elementary schools in Seoul, and is going to provide this education to all school nurses nationwide in Korea in next year.

6) I have contributed to get a government fund for purchasing one MEG (magnetoencephalography) system and one ROSA robot system which are not available in Korea to improve epilepsy treatment.

Each chapter in ILAE-Asia and Oceania has very much different resources and government support for epilepsy patients. The treatment gap is so different from 10% to 90%. Even though they know epilepsy surgery and vagus nerve stimulation are effective, they cannot do it because of cost due to poor government support and insurance system. Even in economically wealthy countries, the number of surgeries is very low due to lack of information. This diversity requires a country-specific approach by ILAE-Asia and Oceania.

Upon on the excellent achievement of ILAE-Asia and Oceania activity, the next term of ILAE-Asia and Oceania is ready for more positive activities for improving teaching, clinical care including epilepsy surgery, research activity advancement. The well balanced, harmonized development among teaching, clinical care, and research activity is very important. It is this approach that surely combines all of the chapters of ILAE Asia-Oceania most effectively, shares and augments the leading parts of individual chapters with each other to support. It is very consistent with priority areas postulated by Prof. Helen Cross, President-Elect, ILAE.

I sincerely would like to contribute as a chair of ILAE-Asia and Oceania with your great help, and hope to work together for the people with epilepsy in ILAE-Asia and Oceania.

With my best wishes,

A handwritten signature in black ink, reading "Seung Bong Hong".

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