

Dear Colleagues,

It indeed is a great honor to participate as a candidate for election of Chair, ILAE-Asia Oceania.

All of us, over many decades, are focused on a single goal – Epilepsy Care in its Entirety having contributed towards the region in their available capacity. Despite our region's heterogeneity (inter-country as well as intra-country) our dedicated, visionary past and present regional leaderships have been able to bridge many epilepsy gaps in the region. But this is not enough and more bridges need to be built and crossed.

I belong to a developing country where 2.2 million people have epilepsy yet it remains an orphan medical condition. It is not the priority of the government who is still struggling with diseases like TB and Polio. Primary care doctors usually lack enough knowledge, number of neurologists are inadequate, epilepsy management is time-consuming and society full of misconceptions. I have been working for the cause of epilepsy since a quarter of a decade with a small team of focused dedicated colleagues and despite many limitations we have made some significant achievements nationally and internationally. We started small, never gave up, and have innovative alternates to achieve our goals following our work motto; Do whatever you can with whatever little you have.

Epilepsy for All in the Region, will be my focus if given the opportunity.

- Being an inclusive society, non-chapter countries must be incorporated into regional activities; probably by associating a non-Chapter with an ILAE Chapter or other suitable legal method.
- Closely work with the Chapter heads to help customize methods to address epilepsy-related issues, based on my experiences as well as that of developed countries.
- Epilepsy Education on various levels, especially mentoring of mentors and postgraduate medical examining board members in epilepsy in the developing world is my priority.
- Research to be encouraged, providing guidance, supervision and some financial assistance to poorly resourced country.
- Provide assistance in getting suitable innovative research from a developing country published in reputable international journals.
- Communication between care-givers and PWE to be made easier. In developing countries, specialists are concentrated to main cities whilst the faraway ones are deprived of adequate consultation. The pandemic has brought tele-communication to prominence through various platforms. But this type of communication may not be available or known to many in developing countries. Innovations in the telemedicine as per the need of the country would be focused on.
- Tele-education through various cyber-platforms is ongoing. Important interactive workshops like the ASEPA-ANZAN EEG teaching course seem difficult but is possible with some innovations and shall be focused.
- ILAE Chapters to be encouraged to be more interactive with local IBE Chapters. This can help achieve narrowing of the treatment gap.

My experience of working within a setup with limited resources out of the box thinking and implementation of the indigenous unconventional plans have helped our Chapter achieve our goals. With my personal experiences, I hope to contribute significantly but of course not without the co-operation and guidance of my senior experienced colleagues. I am ready to put my best and achieve as a team.

Yours Sincerely,



Dr. Zarine Mogal
President, Epilepsy Association of Pakistan
Member, ASEPA