

The History of the Chilean League against Epilepsy and the Drug Banks

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The Chilean League against Epilepsy (LICHE) was founded in May 6th, 1953 by Dr. Alfonso Asenjo, Head of the Neurosurgery Hospital. At the beginning, its volunteer work was mainly carried out by the physicians' wives of that Hospital and their principal work was the delivery of the AEDs, because during those years EEG and medical attention of people with epilepsy were focused on that medical center. In due time, a workshop was established in a wooden room next to the hospital for patients with epilepsy and mental disability, leaded by above volunteers.

LICHE's work continued like this for 30 years until a fortuitous event changed the history completely. It happened that the wife a famous TV show host, who makes an annual TV fund-raising for children with brain paralysis, convinced him to make a donation in 1982 to LICHE of an old house located in downtown of Santiago and a contribution of a well known brand of Antiepileptic Drug equivalent to US\$ 1.000.

Owing the fact that LICHE was far away of the Neurosurgery Hospital, most of the physicians' members resigned. Because of that, the Volunteers invited physicians of other areas of Santiago and an open meeting was made for them, who finally joined as volunteers.

Then a new Board of Directors was established which has six volunteer ladies and six volunteer physicians. The Board of Directors' first task was to make the Institution grow and decide what to do with the donation of the real estates and the drugs.

LICHE, as a nonprofit non-governmental organization (NGO), according to the current laws, is free of income tax payment. In this scenario it emerged a simple idea: to sell AEDs in a Drug Bank, beginning with the donation of the antiepileptic drugs, which were very expensive.

Several procedures before the Health and Economy Authorities were needed in order to make Drug Banks work. The sale of the AEDs began once the legal requirements were met. Initially, Tegretal was the only one drug available and then others AEDs were added in accordance with the demand until at last all of them became available. The first rule was to set AEDs' prices at about 20% lower compared to private pharmacies. The first clients were patients of private physicians, who were members of LICHE, who sent them to the Drug Banks and then it extended to other Neurologists. Also, a gratuity rule was established in variable percentage that was applied according to a table that was made by a social worker and the volunteers. This way Drug Banks began to work, growing slowly but surely. This way, a kind of circuit was designed where in the first place, patients that have economic resources buy their drugs at the Drug Banks and in the second place, people with epilepsy who ask for help at the social service department, get gratuity thanks to the surplus obtained by the drugs sales.

The physicians of the Board of Directors created a list of drugs which included all available AEDs in the country and every drug that has an action on the central nervous system, which are

prescribed by Neurologists or Psychiatrists for people with epilepsy comorbidities. These drugs also include: anxiolytics, antidepressants, neuroleptics and psychostimulants. The Ministry of Health requires an application each time that a new drug is added to the Drug Bank's list. There is a Pharmacy Commission in the Board of Directors which is in charge of that issue.

It is important to point out that gradually Psychiatrists began to prescribe AEDs to their private patients and other type of drugs that has its action at the central nervous system. As soon as the system demonstrated its success, we realized that neither physicians nor volunteers had the administrative and financial skills and enough time to work efficiently according to the Drug Bank's requirements for its smooth running. Therefore, the Board of Directors made another important decision: to split the social and administrative area. The volunteers would be in charge of the social aspect of the patients. Then, a manager, an accountant and a secretary were hired for the administrative and financial area, giving a professional character to the work, turning the Drug Bank into an enterprise. LICHE's growth has been explosive: from one headquarter downtown of Santiago, it increased to 7 Drug Banks located in different areas of the city according to social needs and market studies. Drug Banks were established in the most important cities of Chile, covering 90% of the country's population.

The economic stability and the Volunteers' commitment allowed establishing, first, a social work development that helps people with epilepsy in issues such as family, education and work. Second, it allowed establishing two educational centers, one for children with epilepsy and learning difficulties and another as a labor workshop for youngsters and people with epilepsy and mental disability. Both centers are free of charge for people with epilepsy. Third, there is a complete medical service which treats more than 3500 patients with epilepsy, many of them of high complexity. There is also a clinical laboratory to measure plasmatic levels of AEDs and an EEG laboratory.

Another important decision in LICHE's history was to create a National Association of Chilean League against Epilepsy (ANLICHE), which incorporates every other League against Epilepsy throughout Chile. And an application was sent to the International Bureau against Epilepsy (IBE), and in the 23rd International Epilepsy Congress, which took place in September of 1999, where ANLICHE was accepted as a Full Member.

Chart Nº 1

Drug Bank total visits

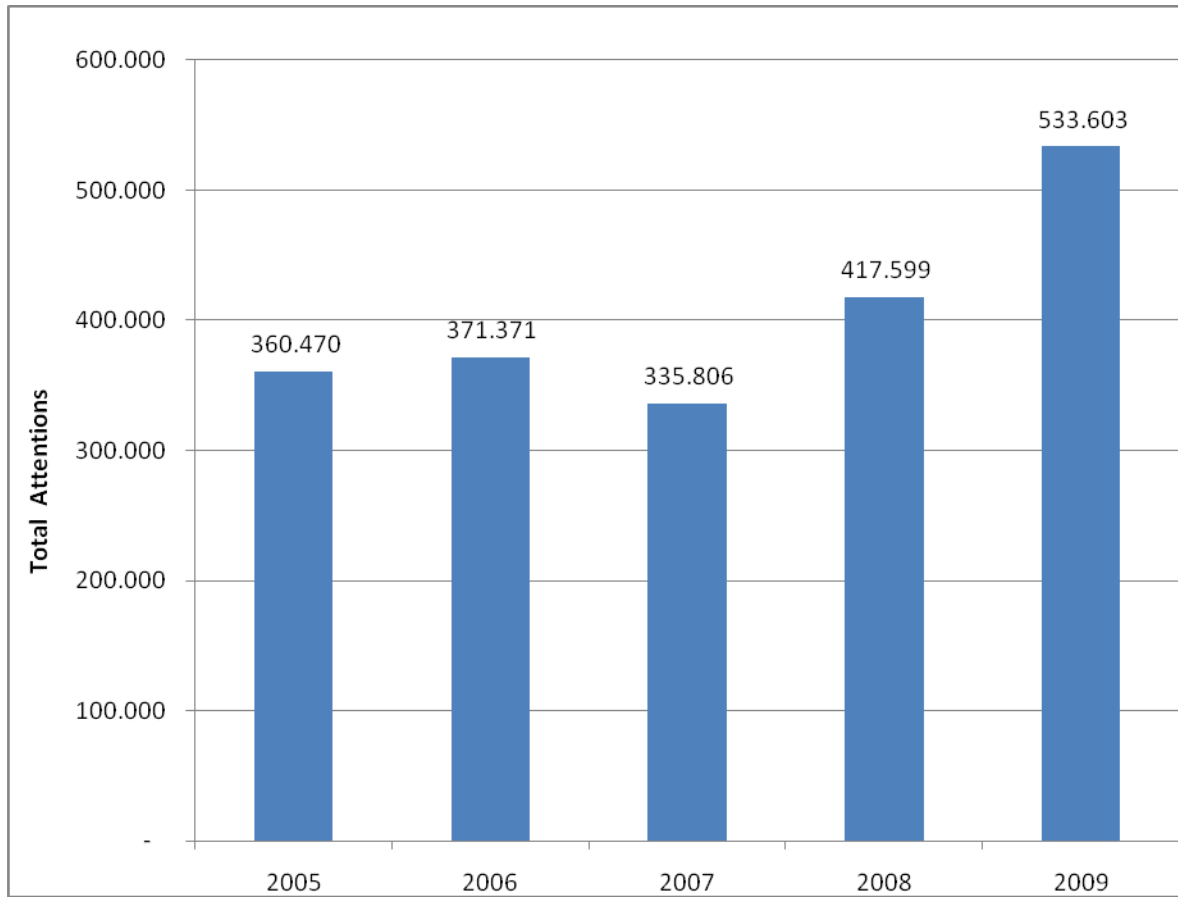
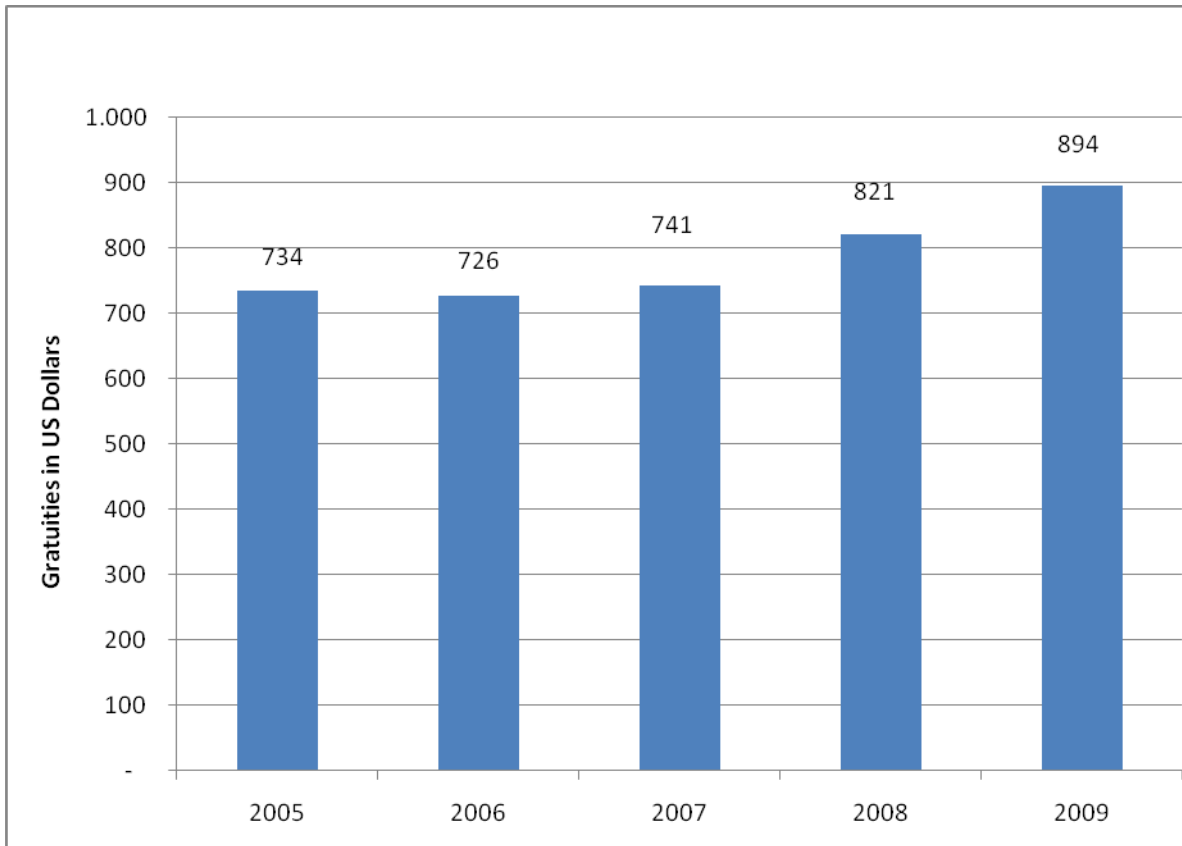


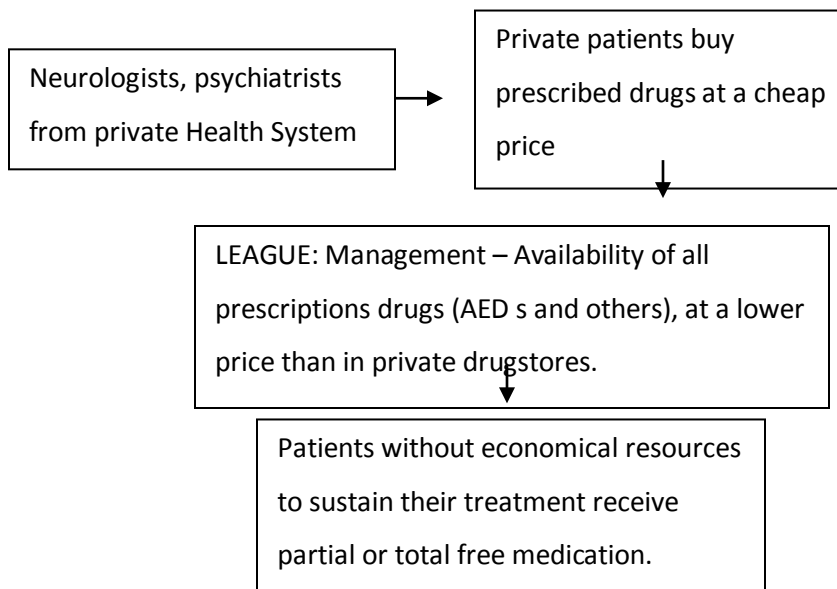
Chart Nº 2

Gratuities in US Dollars (thousands)



How do the Drug Banks work?

The system has a simple mechanism which is SOLIDARITY. There are patients that get medical assistance by private health insurance, which makes up for about 20 to 25% of the Chilean population. Neurologists and Psychiatrists usually send these patients to buy AEDs or other drugs that work in the central nervous system, and that may be prescribed due to comorbidities, something common in patients with epilepsy.



The economical surplus obtained by the drugs' sales allows people with epilepsy, who do not have the economic resources to buy their treatment, to receive gratuity in AEDs that in special cases can be up to 100% and also in medical services and in laboratories. Likewise, this surplus allows to finance and the other costs that are related to LICHE's operation, including 158 employees who work for the Institution and to finance social and education activities of LICHE. The volunteering and the Board of Directors work for free.

SOLIDARITY

Those who have economic resources help those that do not, to get the same AEDs and treatment.

"We are not just a cheaper drugstore".

In order to make this model work, an efficient technical operation is required including professionals, administrative and staff.

Financial Management

1. The existence of professionals from the marketing area.
2. Long-Term agreements with supplying Pharmaceutical Industry and volumes discounts.
3. Financial policy.
4. Keep a stock for at least two months.
5. Banks on line to keep the information current.
6. Security measures

Owing the fact that Neurologists and Psychiatrists' help is essential, a team of League Representatives was created in order to visit physicians and explain them how LICHE help people with epilepsy and how they can benefit poor people, by sending their patients to buy drugs at the Drug Banks. Physicians know that their support through a medical prescription allows many to have the access to a better treatment and condition.

Function of the Representatives

- Use of REPS.
- Personalized attention by REPS.
- Marketing technicians
- The offering of scientific material related to epilepsy
- Participation with stands in Neurology and Psychiatry congresses and specialty courses.

Neurosurgeons, Neurophysiologists and other professionals related to epilepsy. Physicians' subscriptions to the Drug Banks cover more than 95% of Neurologists and Psychiatrists of the country. No payment is required to join LICHE. The Drug Banks have an Institutional prescription that has a code that identifies the physician and for which they do not need to pay.

- Personalized (code number)
- Free of charge
- Easy to get
- Appropriate control
- Legal validate

Another important topic is LICHE's participation with Stands in the main national congresses of Neurology and Psychiatry. LICHE's relationship with Pharmaceutical industry is excellent. Also, we always respect what treating doctors prescribe.

Institutional Image

- Known and respectable.
- Periodically presence in the media.
- We have the prestige from health authorities.
- Efficient control on the prescribing doctors.
- Important courses on epilepsy at a national and international level.
- Development alongside the country.

In short, it is a winning situation for all the ones involved: physicians, patients with or without the economic resources to afford their treatment. The beauty of this system is that everyone involved knows that they are helping each other.

SUMMARY

- Operative system base on Solidarity.
- Those who have the economical means help the ones who don't.
- The process requires business management.
- It requires sensitize doctors and private patients.
- It is useful in countries with economical and social needs.

CONCLUSION

The medications Banks constitute an original way to self-finance for institutions such as Leagues against Epilepsy and they can become an important source to help for epileptic people.

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