LETTER OF INTENT

it is a great honor to participate as a candidate for election of Chair of the Commission on Asian and Oceanian Affairs. Here I lay out my personal priorities for the next 4 years, if elected.

1. **Education and Training:** ASEPA, the educational arm of CAOA, has been instrumental for the promotion of diverse educational and training programs in our region. The decade of ASEPA (2003-2012) was evaluated outstanding but we need to continue our best effort to promote it one step further for another decade. ASEPA activities will be expanded to implement the Regional Epilepsy Summer School for our young students, advanced educational courses for established epileptologists, and joint programs with other related organizations in our region. We also need Task Force for Asian and Oceanian Guidelines and TF for pediatric epilepsy. A higher number of Epilepsy Fellowship Program providing better support for its recipients is clearly at the highest priority and we are going to establish a competitive system maximizing the recruitment of Educational Grants available in our region.

2. **Research:** The Research Task Force of CAOA: 2009-2013, is going to publish the research priorities in the Asian and Oceanian region, which will be followed by the second stage of action. The key for research promotion is the networking and collaboration among researchers and raising funds for collaborative research. We should focus that Asia has become a land of opportunity in 21st century and we need to adopt appropriate strategies for Advocacy in Epilepsy Research in our region.

3. **Epilepsy Service and Treatment Gap:** Our region is vast and characterized by extreme heterogeneities in Epilepsy Care. The prevalence of Treatment Gap in Asia ranges from 0% to 100% with a mean of ~60%. Improving epilepsy care and reducing treatment gap in our region is the ultimate goal of CAOA. CAOA has established the TF for GCAE, which is taking the initiatives for GCAE activities in our region. The first CAOA-driven demonstration project to assess and reduce the treatment gap in our region is at the planning stage.

4. **Communications:** The existence of CAOA is based on our chapters and the Win-Win Strategy of CAOA become only possible by synergistic interactions among chapters. CAOA website was successfully established and the first CAOA Newsletter was published, which will be further promoted to improve our communications and strengthen our ties. The activities of CAOA-Information Committee will be further expanded and interlinked with our chapters.

In addition to above activities, I will commit myself personally to assist in (1) Nurturing of talented young individuals in our region, (2) Promotion of chapters, especially resource-poor chapters and chapters new to the ILAE, (3) Expanding bursaries and support schemes for individuals, and (4) Promotion of CAOA-Leadership in ILAE and IBE.

Byungin Lee