

ZIMBABWE LEAGUE AGAINST EPILEPSY

ZLAE

Member Chapter of the International League Against Epilepsy

**Intersectoral Global Action Plan. Report.  
Regional training of trainers in Southern African Development Community**



**Targeted Audience:** Healthcare advocates (doctors, nurses, allied health workers, community workers)

**Aim:** Turning epilepsy research and pilot projects into policy

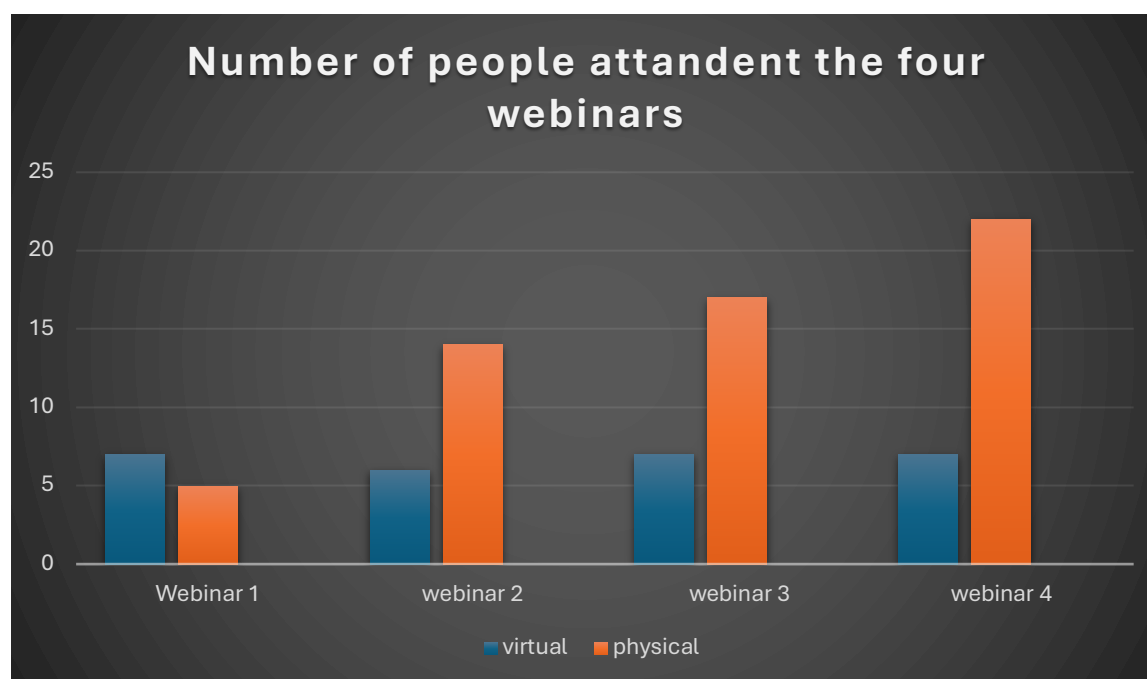
**Theme:** Transforming Epilepsy Research into Action

**Venue:** Chitungwiza Central Hospital

**Dates of the training:** 27 November 2025, 15 January, 26 February & 19 March 2026

**Sponsoring organisation:** Zimbabwe league Against Epilepsy & International League Against Epilepsy

**Number of participants for four webinars:** 40 Participants



### Participants Profile

Advocates	6
Neurologist	1
Registered General Nurses/ SRM	12
OT	2
PCN	6
SNO	2
ERCZ Members	2
Lecturers	3
Midwife	1
Social work and development	3
Doctors	3
ICT	3

### Resource Profile

Participant	Designation
Prof. Arjun Sen	Oxford University

Dr Mugumbate Rugare	Australia, Social Worker
Mr Kadzviti Taurai	Project Coordinator
Mr Chigamba Samuel	Malawi
Prof Youssouff Normamode	President Edycs Mauritius
Dr. Dylan Mahadoo	Mauritius Edycs
Miss Nyahwema	Project Assistant
Munashe Huvasa	Facilitator
Dr. Cephas Phiri	Zambia
SRM Tope	Chitungwiza Central Hospital
RGN Gumbie	Chitungwiza Central Hospital
SNO Marowa	Chitungwiza Central Hospital
ICT Adonis and team	Chitungwiza Central Hospital

## **Expectations**

The project set out to explore key thematic areas, including prevalence rates, the epilepsy treatment gap, existing policy gaps, and the challenges faced by women with epilepsy. It also aimed to examine systemic barriers created by current government policies that limit the full participation of persons with epilepsy in everyday life, as well as identify practical ways to address these policy barriers.

## **Teaching Method**

The primary teaching method for the project was webinars. A total of four webinars were conducted, allowing for the inclusion of participants from multiple countries who joined virtually. This approach enhanced regional collaboration and knowledge exchange.

## **Acknowledgement**

We extend our sincere appreciation to all participating countries for their sustained commitment throughout the project. Special thanks are due to Chitungwiza Central Hospital for providing the venue and ICT support that enabled the successful delivery of the training. We are deeply grateful to the presenters who, despite demanding workloads and tight schedules, generously shared their expertise and contributed significantly to the success of the webinars. We also wish to acknowledge our funder, the International League Against Epilepsy (ILAE), for making this project possible in Zimbabwe. Your continued support in improving the lives of people with epilepsy across the SADC region and Africa has made a lasting and meaningful impact. On behalf of the Zimbabwe League Against Epilepsy (ZLAE) and all healthcare providers involved, we are truly honoured by your dedication and tireless efforts. We look forward to strengthening and continuing this collaboration in the future.

## **Introduction**

The IGAP Training of Trainers was a valuable and high-impact event that brought together advocates and healthcare providers to develop practical approaches for translating epilepsy research into effective interventions. The programme sought to identify strategies to address policy gaps that negatively affect people with epilepsy and other neurological disorders. Approximately thirty participants attended the training, with discussions focusing on prevalence, the epilepsy treatment gap, and policy-driven barriers that hinder the full participation of people with epilepsy in everyday life. Participants highlighted that cultural beliefs often contribute to misconceptions, stigma, and discrimination. There was strong consensus on the urgent need for advocacy to promote inclusion, particularly by ensuring that epilepsy is fully

recognised within mental health and disability legal frameworks, in line with national development goals of leaving no one and no place behind.

## Research Overview

In November 2020, the World Health Assembly adopted Resolution WHA73.10, which prompted the World Health Organization to develop the Intersectoral Global Action Plan (IGAP) in consultation with Member States. Prior to IGAP, organisations such as the International League Against Epilepsy, the International Bureau for Epilepsy, and Epilepsy Alliance Africa led research, advocacy, and training initiatives across the continent. These included programmes such as EPInA, AGENDA, ETAM, and Mind Brain Health, which introduced tools like the MATT tool to improve epilepsy care. Training and pilot programmes have been implemented in Zambia, Mozambique, South Africa, Tanzania, Malawi, and Mauritius with the aim of reducing stigma, promoting recognition of epilepsy as a disability, addressing treatment gaps, and strengthening paediatric services. Over the past two years, the Zimbabwe League Against Epilepsy has conducted training on childhood epilepsy, specific syndromes, and stigma reduction. It has also identified key policy gaps, implemented two pilot projects, and completed three research studies. IGAP presents an important opportunity to build on these efforts and strengthen regional responses to epilepsy and other neurological disorders.

## IGAP Framework and Training Objectives

The IGAP framework outlines nine global objectives aimed at improving access to care and treatment for neurological disorders. This project was guided by IGAP Target 1.1, which aims for 75 percent of countries to have updated national policies that include neurological disorders by 2031, and IGAP Target 5.2, which seeks to ensure that 80 percent of countries strengthen legislation to protect the rights of persons with epilepsy. Advocacy for inclusion remains central to achieving these targets, ensuring that policies uphold dignity, equality, and justice. The training focused on building capacity to cascade knowledge to communities and institutions, identifying policy gaps and systemic barriers across SADC countries, strengthening networks of advocates, and aligning national efforts with global IGAP goals.

## Presentations

Globally, epilepsy affects approximately 50 million people, with 80 percent living in low- and middle-income countries. In the SADC region, prevalence is estimated to range between 5 and 15 per 1,000 people. Country-specific estimates indicate that epilepsy affects between 0.5 and 1 percent of the population in South Africa, 6 to 7 per 1,000 individuals in Zambia, 8 to 10 per 1,000 in Namibia, and approximately 10 per 1,000 in Botswana. In Zimbabwe, the prevalence is estimated at

The screenshot shows a Zoom meeting interface. The main content is a presentation slide with a dark blue background and green geometric patterns. The slide title is "GAP PATHWAY IN THE REPUBLIC OF MAURITIUS" in large white letters. Below the title, it says "EXPERIENCE, POLICY GAPS, CHALLENGES & PROGRESS" and "DYLAN MAHADOO PROGRAMME OFFICER - EDYCS EPILEPSY GROUP". The Zoom chat window on the right shows a message from Dylan Mahadoo: "Thank you again for the opportunity to present today. So, I am Dylan, the Program Officer of Edix Epilepsy Group. And, I have been directly involved in the domestication of the IGAP." The meeting title at the top is "OF WELLBEEING AUSTRALIA" and the date is "Feb 26, 2026 19:05".

The screenshot shows a Zoom meeting interface. The main content is a presentation slide with a white background. The slide title is "Epilepsy in Women of reproductive age group in SSA" in black text. Below the title, it says "Tiwonge Elisa Phiri Neurologist Department of Medicine Queen Elizabeth Central Hospital Blantyre - Malawi". The Zoom chat window on the right shows a message from Dr. Tiwonge Elisa Phiri: "Thank you so much. Dr. Yusuff? Can you introduce yourself, please? Youssouf Noormamode Yes, good afternoon, everyone. Yusuff". The meeting title at the top is "OF WELLBEEING AUSTRALIA" and the date is "Feb 26, 2026 19:05".

around 2 percent of the total population according to the Ministry of Health and Child Care. Despite ongoing advocacy efforts, epilepsy remains frequently excluded from disability policies across the region, creating systemic gaps in health, education, and social services. It was emphasized that medical treatment alone is insufficient and that a holistic approach is required, addressing both the neurological condition and the broader social barriers affecting individuals.

### **Health Gaps: The Treatment Gap**

The treatment gap, defined as the proportion of people who require care but do not receive it, remains a major challenge in the region. There is a critical shortage of specialists, with Sub-Saharan Africa having approximately 0.3 neurologists per one million people compared to 48.4 per million in Europe. Access to medication is also inconsistent, with frequent stock-outs and high costs of newer anti-seizure medicines forcing patients to rely on older drugs such as phenobarbital, which may have more adverse effects. Diagnostic capacity remains limited, as equipment such as EEG and MRI machines is scarce and often centralized in urban areas. In Zimbabwe, access to EEG services is limited and costly, while MRI scans remain unaffordable for many. As a result, rural and marginalized populations face significant barriers to accurate diagnosis and treatment.

### **Social Gaps**

Social stigma and isolation remain significant challenges, often more debilitating than the physical symptoms of epilepsy. Cultural misconceptions persist, with some communities believing that epilepsy is contagious or caused by supernatural forces. This contributes to discrimination and exclusion. Internalized stigma is also common, as individuals may withdraw from social participation to avoid anticipated discrimination. Importantly, knowledge gaps are not limited to communities but are also present among healthcare professionals. In some cases, health professionals rely heavily on internet-based research to guide prescriptions, which may indicate underlying gaps in training and could affect the quality and accuracy of care.

### **Education Gaps**

Children with epilepsy and other neurological conditions often face barriers to accessing education. In some cases, they are denied enrolment or forced to drop out due to stigma, bullying, and lack of institutional support. Studies in the region indicate that a significant proportion of learners with epilepsy discontinue their education due to these challenges. In addition, many teachers lack the knowledge and skills required to manage seizures or provide appropriate support in the classroom, further limiting inclusion.

### **Economic Gaps**

Epilepsy imposes a dual economic burden through high healthcare costs and reduced income opportunities. Caregivers, who are often women, may be forced to leave employment to provide full-time care, thereby reducing household income. Employment discrimination is also prevalent, as employers may have misconceptions about epilepsy and question the productivity of affected individuals. At the same time, families incur high out-of-pocket expenses for transportation, medication, and diagnostic services, often pushing them further into poverty.



### **Care for Women with Epilepsy**

Women with epilepsy face unique and complex challenges related to their reproductive health and social context. Management is complicated by hormonal changes, pregnancy, and limited access to specialized care. There is a significant lack of data and evidence-based guidelines on reproductive health for women with epilepsy, contributing to gaps in care across the continuum, including contraception, prenatal, and postnatal services. Access to appropriate medication is also a major challenge. While first-line anti-seizure medicines are more affordable, they may carry risks for women of reproductive age. Safer alternatives are often prohibitively expensive, resulting in poor seizure control and increased health risks.

### **Policy Gaps**

Significant policy gaps persist across Zimbabwe and the SADC region, limiting the inclusion and protection of persons with epilepsy. Epilepsy is often excluded from national disability frameworks, and there is weak prioritization within health and social protection systems. Legislative protections are inadequate, and individuals with epilepsy frequently face discrimination in communities, workplaces, and schools. Access to services is uneven, with most specialized care concentrated in urban areas, leaving rural populations underserved. Inadequate health funding contributes to medication shortages, lack of diagnostic infrastructure, and high costs of care. Weak advocacy structures further limit progress at national and regional levels. Addressing these gaps requires coordinated efforts to align national policies with IGAP, strengthen legislation, increase funding, and improve service delivery systems.

### **Recommendations**

The training generated strong engagement and provided a valuable platform for knowledge exchange. Participants emphasized the importance of integrating epilepsy education and advocacy into school systems, including the introduction of academic and professional training opportunities in neurological care. There is a need to develop comprehensive national epilepsy management policies, increase investment in specialized services and diagnostic infrastructure, and strengthen the training of healthcare providers. Enhanced collaboration between public and private sectors was also recommended to support the adoption of best practices. Participants highlighted the importance of active government involvement in addressing

epilepsy and other neurological conditions and stressed that epilepsy should be integrated into broader health and disability frameworks. Finally, promoting careers in neurology was identified as a key priority to expand the workforce, reduce brain drain, and improve long-term service delivery capacity

## Conclusion

The IGAP Training of Trainers has demonstrated the critical importance of strengthening coordinated efforts to address epilepsy and other neurological disorders across Zimbabwe and the SADC region. The discussions highlighted that, despite growing awareness and ongoing initiatives, significant gaps persist in healthcare delivery, policy inclusion, education, and social protection systems. The persistence of the treatment gap, widespread stigma, limited diagnostic capacity, and inadequate access to essential medicines continues to undermine the quality of life for persons with epilepsy. These challenges are further compounded by systemic policy weaknesses and insufficient investment in neurological care, particularly in rural and marginalized communities. Importantly, the training underscored that addressing epilepsy requires more than medical interventions alone. A comprehensive and inclusive approach is needed one that integrates health, education, social services, and legal protections. Strengthening advocacy, improving health system capacity, and aligning national policies with the Intersectoral Global Action Plan (IGAP) are essential steps toward achieving meaningful and sustainable change. The commitment demonstrated by participants, stakeholders, and partners reflects a shared vision of advancing dignity, inclusion, and equal opportunities for persons with epilepsy. Moving forward, sustained collaboration, increased investment, and strong political will shall be crucial in closing existing gaps and ensuring that no one is left behind.

