



Election Statement for the ILAE Africa Commission

Dr MV Gule, MBChB, MMed, FCP(SA), FC.Neurol(SA)

Department of Neurology, Groote Schuur Hospital and Neuroscience Institute, University of Cape Town, South Africa

Dear ILAE Africa Members,

It is with great humility that I write to you to declare my intention to stand for election to the ILAE Africa Commission — a position I regard as both a great privilege and a significant responsibility.

I am dual-qualified as an internal medicine specialist and adult neurologist, having completed my medical training (MBChB, 2009), internal medicine fellowship (FCP[SA], 2017), and neurology fellowship (FC.Neurol[SA], 2022) through the University of Cape Town and the Colleges of Medicine of South Africa. Currently, I serve as a consultant neurologist at Groote Schuur Hospital and as a researcher within the UCT Neuroscience Institute. I am a founding member of my hospital's clinical ethics committee and have served on the South African national Epilepsy Essential Medicines List Committee. Other affiliations include the Oxford Martin School Centre for Global Epilepsy and the ILAE Young in Epilepsy Section.

I am a member of the South African chapter of the ILAE, the ILAE Epilepsy Training in Adult Medicine (ETAM) Steering Committee, and a member of the 2025 Epilepsy Classification Taskforce. I lead the Groote Schuur Epilepsy Service, which is the tertiary referral centre for adult epilepsy in the Western Cape, South Africa. This group comprises dedicated individuals invested in developing a comprehensive epilepsy platform in a resource-constrained setting. This multidisciplinary initiative aims to address significant health systems, clinical, and research gaps that exist within our region.

Although my setting is urban and relatively well-resourced compared to much of the rest of Africa, epilepsy remains an often-neglected condition within our clinical service. Addressing this challenge requires a coordinated effort to raise epilepsy's national and regional profile, especially as it competes with other pressing health priorities for limited resources.

I firmly believe that improving epilepsy care is not merely a clinical, training, or research issue, but an ethical imperative — one rooted in distributive justice and the principles of the Alma-Ata Primary Health Care Declaration. It is a priority because it disproportionately affects the most vulnerable in our society and is inextricably linked to the socioeconomic inequities of our past and those of the communities we serve. Throughout my training and clinical practice, I have witnessed first-hand the profound impact the epilepsy treatment gap has on the lives of patients and families. The 70–90% treatment gap across many African settings is not an abstract statistic, but a daily challenge and an urgent call to action.

I am convinced that education and advocacy are the strongest tools we have to combat this treatment gap. To this end, I have been involved in the ETAM course since its inception and have continued to develop and curate its materials. ETAM aims to empower primary healthcare workers with evidence-based (ILAE Level 1 competence) education in comprehensive care for people with epilepsy at the primary care level. This work has been highly gratifying, and I have seen its potential as a force multiplier for providing comprehensive care by generalists and primary care physicians. This is both profound and pragmatic, as it brings epilepsy care closer to patients and ingrains it in their communities.

Through my role in the clinical epilepsy service at Groote Schuur Hospital and the Neuroscience Institute at the University of Cape Town, I have collaborated extensively with national and international colleagues towards a



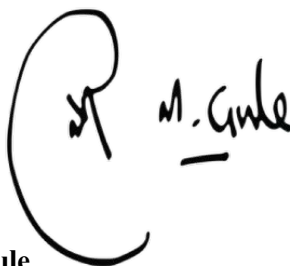
common goal: the establishment of context-relevant clinical, educational, and research platforms that support evidence-based epilepsy care. Locally, I have partnered with the Primary Health Care Directorate to develop operational and research tools for understanding local epilepsy epidemiology. Together with the Provincial Health Data Centre (PHDC), I have worked to aggregate clinical metadata to track people with epilepsy and identify gaps and special interest groups — such as women of childbearing potential with epilepsy. In addition, I am working with a local Health and Demographic Surveillance Site (C-SHARP) to create a neurological disease stream. The aim is to establish an on-the-ground denominator of people with epilepsy in townships around Cape Town (C-SHARP aims to start data collection in 2027). This work strives to build the robust data infrastructure required for evidence-based policymaking.

I am deeply committed to aligning my work with the priorities of IGAP 2031, in particular Action Area 1 (Policy Prioritization and Governance) and Action Area 2 (Expanding Diagnosis and Treatment Services). Should I be elected, I will continue supporting the ILAE-Africa Commission in translating the vision of IGAP 2031 into concrete, impactful action across the continent, and I will continue to advocate for:

- The continued expansion of the ETAM programme across underserved African settings, providing practical, standardised training for adult epilepsy care.
- The adoption of the EpiACT initiative toolkit to enable local stakeholders to design and implement effective epilepsy policies and quality improvement programmes.
- The establishment of a template for national epilepsy action plans rooted in IGAP 2031 priorities, aligning clinical, public health, and academic efforts across Africa.
- The fostering of collaborative research platforms that highlight African patient and population data, ensuring that advances in global epilepsy care also benefit the communities we serve.
- The mentoring and nurturing of the next generation of African neurologists, epileptologists, and researchers, cementing a sustainable and resilient workforce for the future.

In accepting this responsibility, I reaffirm my belief that the elimination of the treatment gap in Africa must occur through fostering the development of robust health care systems for epilepsy. This will inevitably be dictated by local, context-specific advocacy needs, and as such, we must develop local and context-specific expertise and resources. With concerted effort, structured training, and sound policies, we can catalyse a future where every person living with epilepsy in Africa has access to timely diagnosis, evidence-based therapy, and ongoing support.

Thank you for your consideration and for your ongoing commitment to making this vision a reality. I am honoured to stand with you in this vital endeavour.



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