



Epilepsy in Africa Primer



Epilepsy in Africa Primer: A Neglected Public Health Issue

Epilepsy is one of the world's most common neurological disorders — yet in Africa, it is critically overlooked. Stigma, policy neglect, and weak health systems leave nearly 80% of people with epilepsy untreated, despite the availability of low-cost, effective solutions.¹ With targeted investment, we can close this treatment gap, transform millions of lives, and unlock major social and economic returns.

Epilepsy in Africa At a Glance²



Key Challenges

Epilepsy cuts short lives, robs children of education, and forces families into cycles of poverty through lost productivity and stigma-driven exclusion. Each untreated seizure increases the risk of injury, disability, and premature death, while the economic burden—measured in billions of dollars lost annually—undermines national growth. Addressing epilepsy is not only a **moral imperative**, but also an **economic necessity**. Acting now can deliver both **immediate relief** and **lasting systemic change**.

¹ ['Advocate's Toolkit for Making Epilepsy a Priority in Africa'](#) by BAND Foundation and International Bureau for Epilepsy, Page 8

² Ibid., Page 8



Social Stigma

Stigma, fear, and discrimination block access to healthcare, education, and employment.

Many live in isolation or turn to ineffective traditional treatments.



Policy Neglect

Despite the WHO's Intersectoral Global Action Plan (IGAP) calling for countries to address epilepsy as a public health priority, epilepsy remains largely ignored in health policies across Africa. Over 80% of people with epilepsy still go untreated due to weak health systems, medication supply gaps, and a lack of investment in affordable, proven care.³



Economic Loss

Epilepsy drains **0.07–0.12% of GDP per capita annually**, mostly from lost productivity and premature death — not healthcare costs.⁴

The Opportunity for Impact

Addressing epilepsy in Africa is a **high-impact, low-cost opportunity** that can transform millions of lives and strengthen entire health systems.

Exceptional Return on Investment

Proven interventions **cost \$0.10 per person/year** and deliver \$5–\$11 in economic and social benefits for every \$1 invested.^{5 6}

Strategic philanthropy can close the treatment gap, dismantle stigma, and prevent countless cases of avoidable disability and death. Below are the opportunities for action for funders:

³ Ibid., Page 8

⁴ *Cross-country analysis of national mental health investment case studies in sub-Saharan Africa and Central, South and South-East Asia* by Chisholm et al. (2023), Page 5

⁵ Ibid, Page 5

⁶ *Advocate's Toolkit for Making Epilepsy a Priority in Africa* by BAND Foundation and International Bureau for Epilepsy, Page 8



Integrate epilepsy into national health priorities to drive systemic change.



Expand access to affordable medicines and diagnostic services.



Reduce stigma through awareness campaigns and community education.



Build healthcare capacity — train providers, strengthen referral systems, and equip clinics.



Prevent acquired epilepsy by reducing brain infections, head injuries, and birth-related complications.

Why Now?

We have **proven, low-cost interventions**. The cost of inaction is high — in lives lost, futures cut short, and economic potential wasted.

Investing in epilepsy in Africa is **one of the highest-impact, most cost-effective global health opportunities available today**.

Join the Movement

The BAND Foundation has launched the **Funders Learning Network for Global Epilepsy** to connect funders interested in learning more about key challenges related epilepsy in Africa and opportunities for impact.

Join us [using this link](#) to learn, collaborate, and scale solutions that work.