

# **Statement submitted by World Stroke Organisation to the WHO SEAR Regional Committee Seventy-third Session (Virtual), 9<sup>th</sup> and 10<sup>th</sup> September 2020**

**Agenda item: 8.2 - Annual report on monitoring progress on UHC and health-related SDGs**

## **Sustaining Stroke Care Services amid COVID-19 pandemic in SEAR countries**

Stroke diagnosis and treatment globally has been severely affected due to the current COVID-19 pandemic. In a recent survey conducted by World Stroke Organization (WSO) revealed a significant reduction in number of stroke patients seeking acute treatments like thrombolysis and mechanical thrombectomies. Minor strokes and transient ischemic attack patients delay evaluation and treatment which can lead to major stroke.

WSO has been monitoring experiences across the globe. While a small minority of countries are managing to maintain a full range of acute stroke services, most have seen significant service reorganization. WSO members report reallocation of neurology and stroke beds including Intensive Care Unit facilities to COVID-19 patients necessitating a move of stroke units to less optimal accommodation and redeployment of stroke physicians, nurses, and other stroke healthcare-related workers to look after COVID-19 patients.

There are many reports of stroke occurring in COVID-19 patients. This could be multifactorial due to poor compliance of medications to control blood pressure, diabetes etc. In addition, hypercoagulable state seen in COVID infection can lead to large strokes.

Several countries in SEAR reports a high burden of stroke and stroke care services are fragmented. In the SEAR virtual meeting that was held on July 29<sup>th</sup> on Essential Health Services and Systems during the COVID-10 Pandemic, it was observed that the NCD services have been disrupted in the region. India, Indonesia and Bangladesh are the countries facing a heavy brunt in terms of number of COVID cases. The health-workforce is stretched to capacity to address COVID-19 cases and maintain emergency health services.

Sustaining existing stroke services are essential during these difficult times. Healthcare systems have adapted very rapidly to implement systems for COVID-19 care, but it is important that we ensure that the highly effective stroke therapies continue despite these service reorganizations. Country specific guidelines and protocols need to be adhered for effective service delivery. Telemedicine could be used to monitor the treatment at home including stroke rehabilitation.

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