Emergent need to Improve Stroke care services in Southeast Asia Region

Agenda Item 8.1: Monitoring progress and acceleration plan for NCDs, including oral health and integrated eye care, in WHO South-East Asia Region

The effect of pandemic was seen globally and in the Southeast Asia region. There was a disruption of services of noncommunicable diseases in SEAR. Stroke is one of the leading causes of death and disability in the region. Delivery of acute stroke care like intravenous thrombolysis and endovascular therapy, stroke unit care and rehabilitation were severely affected.

Most countries have reorganized infrastructure to optimize human resources and critical services. Low-and-middle income countries (LMIC) have strained medical resources at baseline, and often face challenges in the delivery of stroke systems of care (SSOC).

We thank WHO for recommending intravenous thrombolysis, thrombectomy, stroke unit and multidisciplinary team care as low-cost evidence-based stroke treatments. However, in many countries of SEAR stroke care services are not available. World Stroke Organisation (WSO) recommends establishment of minimal, essential, and advanced stroke services based on the health care facility in each country. Minimal services are equivalent to strengthening primary care of stroke which would include early recognition, stabilizing the patient and referring to essential or advanced care facilities. In addition, in minimal care services prevention and community integration of stroke need to be incorporated. Stroke unit care, thrombolysis, 24/7 CT Scanner and facilities for rehabilitation are necessary for the essential stroke services. This would be like a district level hospital and trained physicians can run the program. In advanced stroke services in addition to stroke unit, 24/7 CT/MRI, thrombolysis there will be facilities for mechanical thrombectomy and neurosurgical procedures.

How can we develop or improve stroke care services in the region? Christian Medical College Ludhiana (CMCL) in collaboration with WHO SEAR and WSO have developed a Stroke care improvement program in 6 countries (Bhutan, Timor-Leste, Maldives, Myanmar, Sri-Lanka, and Nepal). This project has been successful in preparing the Stroke appraisal for each country and the capacity building in terms of training the physicians, nurses and rehabilitation experts. There was an interruption of this program due to pandemic however we hope to continue and expand this program in this region.

SEAR countries are in different phases of development of stroke care. WSO reinforces the importance of developing and improving the quality of stroke care in SEAR.

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