ELSEVIER

Contents lists available at ScienceDirect

Brain and Spine

journal homepage: www.journals.elsevier.com/brain-and-spine





Pakistan signatory to global neurosurgery

To the Editor

Within global surgery, access to neurosurgical health facilities and provision of safe and quality neurosurgical treatment to patients has a long way to go. The 29th international neurosurgery conference conducted in 2016 in Pakistan reported only one neurosurgeon being available for 720,000 people in Pakistan (https://www.thenews.-

com.pk/print/162974-Only-one-neur-

osurgeon-for-720000-people-in-Pakistan., 1629). Access to specialized healthcare has always been a challenge in Pakistan, similar to other lower middle income countries (LMICs) (Robertson et al., 2019). The sad reality is that hurdles to access neurosurgical services begin right at the patient's doorstep. Majority of the specialized teaching hospitals are located in three tier metro cities and the inhabitants of rural and suburban areas (which makes up the majority of Pakistan) have restricted access to these healthcare centers since they have to cover a considerable amount of distance. In our experience, conditions are complicated for critically ill neurotrauma patients who land in emergency rooms (ERs) only many hours after being injured only because the patient had to travel for hours to reach the facility. The marked disparity in the level of neurosurgical care and facilities provided in public and private tertiary hospitals cannot be ignored. A vast majority of our neurosurgical patients cannot afford treatment in private hospitals and hence are forced to make their way to below-par government-run hospitals for treatment. Health officials should bring their attention towards the need of improving neurosurgical care in government sector hospitals so that all patients can enjoy the same level of treatment without any discrimination.

Pakistan is a signatory to the World Health Assembly (WHA) Resolution 68.15 "Strengthening emergency and essential surgical care and anesthesia as an essential component of universal health coverage." During the 71st WHA in Geneva, the Pakistani delegates had a chance to meet with key global partners who represent the Essential and Emergency Surgical Program at the World Health Organization (WHO), Program in Global Surgery and Social Change (PGSSC) at Harvard Medical School, World Federation of Societies of Anesthesiologists (WFSA), and the Indus Health Organization (IHN) in Pakistan, who had the opportunity to make a plea for the desperate need to address Pakistan's adversely failing surgical system. Following this a "National Vision for Surgical Care 2025 (NVSC2025)" was developed in partnership with the IHN. Technical support for development and dissemination of NVSC2025 has been provided by WHO and PGSSC.

In this backdrop, the team from Harvard School of Medicine under Kee B Parke and the Northwest School of Medicine, Peshawar under Tariq Khan developed the Comprehensive Recommendations for Management of Brain and Spine Injuries in LMICs (Peshawar Recommendations) (Corley et al., 2019). The recommendations can serve as guidelines



for policy makers to enhance neurosurgical care and decision making, especially in trauma patients (Javed et al., 2022).

Though the international community has been involved, greater continued partnership is needed to continue the progress that has already occurred. The work of surgical missions, where hands-on surgeons come to operate for Pakistani neurosurgeons, is not what we want to promote. A "neurosurgical revolution" is what is desired. If we succeed in providing the state of the art neurosurgical health cover in Pakistan and other LMICs, it will automatically boost the overall healthcare systems in these regions. A holistic approach needs to be adopted with an enhancement in infrastructure, resources and making neurosurgical care more accessible to remote areas.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

References

Corley, J., Barthélemy, E.J., Lepard, J., et al., 2019. Comprehensive policy recommendations for head and spine injury care in low- and middle-income countries. World Neurosurg 132, 434–436. https://doi.org/10.1016/j.wneu.2019.08.240 published correction appears in World Neurosurg. 2020 May;137:504.

https://www.thenews.com.pk/print/162974-Only-one-neurosurgeon-for-720000-people-in-Pakistan.

Javed, S., Shabbir, R.K., Khan, T., Yaqoob, E., Park, K.B., Chaurasia, B., 2022. Global neurosurgery: the Pakistani perspective. Neurosurgery 10–227.

Robertson, F.C., Esene, I.N., Kolias, A.G., et al., 2019. Task-shifting and task-sharing in neurosurgery: an international survey of current practices in low- and middle-income countries. World Neurosurg X 6, 100059. https://doi.org/10.1016/ j.wnsx.2019.100059. Published 2019 Sep. 9.

> Saad Javed Holy Family Hospital, Rawalpindi, Pakistan

> > Bhavya Pahwa

University College of Medical Sciences and GTB Hospital, New Delhi, India

Bipin Chaurasia*

Department of Neurosurgery, Neurosurgery Clinic, Birgunj, Nepal

* Corresponding author. Department of Neurosurgery, Neurosurgery Clinic, Birgunj , Madhesh pradesh, Nepal +9779845454636 E-mail address: trozexa@gmail.com (B. Chaurasia).