

WFNS Policy and Advocacy Mandate

Patrick Kamalo¹, MBBS(Mw), MMED, Jogi V. Pattisapu², MD, FAAP, FAANS(L)

¹ Queen Elizabeth Central Hospital, Blantyre, Malawi

² University of Central Florida College of Medicine, Orlando FL USA

Team Members: Yakob Ahmed, Charles Howard, Suresh Shankla, Enoch Uche, Camilla Grover-Aukrust, Anita Jagetia, Chi Cheng Tu, Vigneshwar Veerappan, Colette White)

Definition of Global Neurosurgery

"The clinical and public health practice of neurosurgery with the primary purpose of ensuring timely, safe, and affordable neurosurgical care to all who need it."

Mission

Bring together the neurosurgeons around the world to collectively address the unmet need for neurosurgical care.

Vision

Universal Access to Neurosurgical Care

Objectives

To inform and promote policies that support surgical and neurosurgical system strengthening.

Core Activities/Aims

1. Dissemination and integration of CHYSPR Spina bifida/Hydrocephalus + Neurotrauma recommendations
2. Integrate neurosurgery into health systems and governmental policies, including NSOAPs.

Strategy

To disseminate current proposals and enhance neurosurgical care.

Develop network of expertise and experience working with local regulatory agencies, NGO's, and available neurosurgical entities

Specific Objectives

1. Conduct an audit of countries with ongoing effective communication strategies.
2. Document available resources to improve neurosurgery through effective policy change.
3. Determine the quality of neurosurgical NSOAPs essential to advance the cause.
4. Create an information package for dissemination in low- and middle-income countries, with initial focus on head injury, hydrocephalus, and spina bifida care. Future plans

include intracranial infections, spinal trauma, brain tumors, etc., depending on progress and available resources.

5. Identify financial models to communicate the effectiveness of strategies and progress in LMICs.

Methods

Using the objectives above, we propose identifying patient management patterns, the resources available, and current outcomes. Methods will be developed to engage local governments through education to increase involvement and identify local optimal care. Governmental agencies and centers will be encouraged to communicate their needs/abilities with periodical audits effectively. Findings will be shared globally (including unsuccessful or failed attempts).

The current WFNS Neurotrauma Recommendations and the Policy Recommendations for Spina Bifida and Hydrocephalus will be disseminated to local government officials and the neurosurgical workforce. Improving communication between these two groups along with NGOs to develop traction and further the NSOAPs into various countries will be an initial project of this effort.

Progress will be monitored using available incidence data, meetings between interested/committed individuals, and governmental resolutions adopted over 2 years in LMICs.

Proposed strategy

Bimonthly virtual meetings are planned to determine strategies and share the proposed work. The current plan is to have four subgroups: 1) local data management, 2) resource mapping, 3) education and effectiveness, and 4) policy review and progress. All members will have equal opportunities to shape the structure and strategy and communicate with various governmental agencies as necessary.

Using the above strategic plan, these issues will be addressed (pending modifications):

1. Hydrocephalus - an equal emphasis on endoscopic treatment and ventriculoperitoneal shunting. Quality of hydrocephalus care will emphasize the reduction of shunt infections.
2. Myelomeningocele operative care and rehabilitation of patients (bladder and bowel care, mobility). Equal emphasis will be given to the prevention of spina bifida/anencephaly.
3. Traumatic brain injury (TBI). The epidemiology of TBI in LMICs needs to be clearly defined to institute prevention measures. Primary care facilities should be able to manage uncomplicated TBI (many require CT scan facilities). We need to determine the minimum number of CT scanners per population and develop prediction models (to use limited resources effectively).
4. Future goals include management of intracranial infections, simple meningiomas and develop cost effective neurosurgical strategies.

Conclusion

The Policy and Advocacy group will identify gaps and treatment strategies that would benefit LMICs with a positive return on investment plans as to engage government agencies and local NGOs to improve neurosurgical care. This will be accomplished in incremental steps with frequent strategy reviews and necessary modifications based on regional and economic differences.