

# Global Neurosurgery Advocacy: Progress by The Global Neurosurgery Committee

Radzi Hamzah, MD, MPH<sup>1</sup>; Samantha Sadler, B.S, Edward Ham<sup>1</sup>, BS; Hodan Abdi<sup>1</sup>, BS; Ahmed Negida<sup>1</sup>, Adam Ammar, MD; Kee Park, MD MPH<sup>1</sup>

<sup>1</sup> Department of Neurological Surgery, Northwestern University Feinberg School of Medicine, Chicago, IL, USA

<sup>2</sup> Harvard Medical School, Boston, MA, USA

<sup>3</sup> Cardiff University School of Medicine, Cardiff, United Kingdom

<sup>4</sup> Hull York Medical School, University of York, York, United Kingdom

<sup>5</sup> College of Medicine, University of Ibadan, Ibadan, Nigeria

<sup>6</sup> Division of Global Surgery, Department of Surgery, Faculty of Health Sciences, University of Cape Town, Cape Town, South Africa

<sup>7</sup> Albert Einstein College of Medicine, Bronx, New York, USA

<sup>8</sup> Program in Global Surgery and Social Change, Harvard Medical School, Boston, MA, USA

<sup>9</sup> Stony Brook School of Medicine, Stony Brook, NY, USA

## Introduction

The white paper published by the Lancet Commission put forward surgery as a global health priority [1]. In that paper, their findings showed that 5 billion people in the world do not have access to 'safe, affordable surgical and anesthesia services when needed,' and this inequity is more evident in lower- and middle-income countries (LMICs) [1].

These deficits are even more profound in surgical subspecialties such as neurosurgery [2]. The paper "Global Neurosurgery: The Unmet Needs," published in 2016, addresses the system-level thinking and programs required to address the needs of neurosurgical care in lower resource settings [2].

Neurosurgeons need to have influence, presence, and leadership role in advocating for the surgical system strengthening worldwide as it is estimated that there are 5 million emergency and essential neurosurgery neurosurgical services currently unmet, especially in LMICs [1,3].

Thus, in 2019, the World Federation of Neurosurgical Societies (WFNS) established the Global Neurosurgery Committee (GNC), an *ad hoc* committee dedicated to organizing and furthering global neurosurgical efforts [4]. The Committee is co-chaired by Kee B. Park, MD, MPH from the United States, and Abdessamad El Ouahabi, MD from Morocco [5]. The body of the GNC was the Committee of 22 neurosurgeons from 19 countries; the Secretariat Team primarily managed internal GNC operations with support from the later-added Junior Committee, both of

which were international medical students and trainees [5]. One of the objectives of this Committee is to promote advocacy efforts for neurosurgical care within universal healthcare coverage [6].

This paper explores the fifth "ADVOCATE" objective, including its significance, the GNC's efforts, and progress toward executing its defining targets.

## The "ADVOCATE" Objective

### *Background & Definition*

The 2015 Lancet Commission on Global Surgery called for the inclusion of surgical care in Universal Health Coverage (UHC), asserting the importance of improving surgical care to pursue health equity overall [1]. The benefit of including *neurosurgical* care within UHC plans would be two-fold. First and foremost, such coverage may reduce the individual financial burden on lower-income patients requiring neurosurgical care, who are at increased risk of receiving insufficient or no neurosurgical care due to financial burden [1]. Second, including neurosurgical care into UHC plans would signify a growing acceptance of neurosurgery as a critical component of healthcare among global health and global surgery efforts. It may also facilitate both continuous fundings for global neurosurgical efforts and inclusion in future global health or global surgery efforts [1].

GNC efforts to "ADVOCATE for neurosurgical care within Universal Health Coverage" centered around two key targets for improvement [6]. The first was (1) participation by neurosurgeons in global surgery advocacy events; specifically, the Committee worked toward an increase of more than 20% among neurosurgeons attending these events by 2021. Second, (2) meeting and working with industry partners for a shared vision comprised the second target; the GNC sought to facilitate five or more such meetings by 2021.

### *Implementation, Progress & Achievements*

The Advocate team had some notable achievements. For target 1, the aim was to record key events (panels, boards, and conferences) that occur over the year with global neurosurgery representations. The team aims to expand the global neurosurgery agenda's visibility and encourage students and trainees to be involved in the advocacy activities such as authorship, conferences, and webinar. However, this target is only achieved by 50% due to the pandemic. A study was performed to assess the involvement of neurosurgeons in advocacy in global surgery advocacy events. However, one of the remarkable examples of neurosurgeons' involvement in the global surgery advocacy is shown in the National Surgical, Obstetric, and Anesthesia Plan (NSOAPs) activities for the country such as Fiji.

The second objective is teamwork with the industry members to help propel the global neurosurgery movement to raise awareness and revisit the distribution and subsidization of equipment. The team reached out to industry members such as National Football League (NFL), Johnson and Jonhson (J&J), National Basketball Association (NBA), Formula One racing (F1), and National Hockey League (NHL). The team started the conversation with F1, NFL, and NHL on advocacy for the road traffic injury. They also talked with medical industry partners such as J&J on two significant facets; equipment and workforce support, aiming towards economic benefits of developing a denovo surgical equipment market and manufacturing. However, the team hit similar bumps due to the coronavirus pandemic.

### *Challenges & Next Steps*

The main challenge we faced came from the coronavirus pandemic. It halted our advocacy objectives and targets. Many conferences were postponed or moved virtually. It also shifted many governmental agency or industry priorities with reduced involvement in global surgery or the global neurosurgery agenda. The industry stakeholders that we spoke to were busy figuring out a way of adapting to the pandemic and thus reducing their enthusiasm to prioritize our advocacy mission as part of their agenda.

Another issue we noted came from poorly designed targets and objectives for the advocate team. For example, there is no specific time frame or mechanism to gauge neurosurgeons' involvement in global surgery advocacy. The GNC leadership and mechanisms that identified this weakness and specific mechanisms are implemented to improve this during the GNC 2.0 team objective.

The GNC 2.0 team will look into a better mechanism to access, promote and measure neurosurgeon involvement in Global Neurosurgery advocacy. One thing to note is that the involvement of neurosurgeons in global neurosurgery events is increasing, especially as we learn to live with the pandemic and move towards endemic status. It is shown with increased involvement of neurosurgeons in global neurosurgery activities such as the global neurosurgery congress organized by the Rutgers and the Cornell group in 2021 and the specific time allocation for global neurosurgery events in the 2022 WFNS Congress in Bogota, Colombia this March 2022. The only thing left was to figure out how we could get more involvement of the industry partners in the global neurosurgery advocacy.

### **Conclusions**

As the interest in global neurosurgery advocacy increases, we should build on this momentum to advocate for upscaling and inclusion of neurosurgical care as part of the Universal Health Coverage, especially in LMICs as part of our social responsibility.

## REFERENCES

1. Meara JG, Leather AJ, Hagander L, et al. Global Surgery 2030: evidence and solutions for achieving health, welfare, and economic development. *The lancet*. 2015;386(9993):569-624.
2. Park, K. B., Johnson, W. D., & Dempsey, R. J. Global Neurosurgery: The Unmet Need. *World Neurosurgery*, 2016; 88, 32–35.
3. Rousseau G, Johnson W, Park KB et al. Global neurosurgery: continued momentum at the 72nd World Health Assembly. *J Neurosurg*. 2020; 132:1256–1260.
4. Kanmounye US, Shenaman N, Ratel M, et al. A seat at the table: representation of global neurosurgery in the G4 alliance. *Journal of Global Neurosurgery*. 2021;1(1):73-77.
5. Rolle M, Ammar A, Park KB. Global Neurosurgery: A call to action. *JOURNAL OF GLOBAL NEUROSURGERY*. 2021;1(1):86-8
6. Park K. Global Neurosurgery Committee. World Federation of Neurosurgical Societies. <https://globalneurosurgery.org/>