

Statement submitted by World Stroke Organization to the WHO Western Pacific Region Meeting, Manila, Philippines, Oct 6-9,2020

Agenda item: 14.2 – Progress Report on Noncommunicable Diseases and Aging
Stroke Care in COVID 19 Pandemic

Good Day! I am Dr. Epifania Collantes, a stroke neurologist representing the World Stroke Organization.

I wish to thank Dr. Gundo Weiler for inviting the WSO to observe the proceedings of this prestigious meeting and to express my gratitude to the Chairman for giving me the opportunity to talk on behalf of the WSO.

Mr. Chairman, Regional Director Dr. Takeshi Kasai, Dr. Gundo Weiler , distinguished participants, ladies and gentlemen,

The World Stroke Organization is the only global body solely focused on stroke. We represent around 55,000 stroke specialists and 90 stroke societies spanning every global region, in clinical, research and community settings. The vision is a LIFE free of Stroke. This vision drives our global effort to improve stroke prevention, treatment, rehabilitation and support.

Although COVID-19 is highly infectious, Cardiovascular diseases have greater mortality. CVD is still the number one cause of death globally and over three quarters of CVD deaths take place in low to middle income countries.

Most of our health care resources are currently being poured in to control and treat COVID-19. But stroke can happen anytime, anywhere even during the time of pandemic. The COVID 19 pandemic has drastically affected the provision of stroke care services. A decline in the number of stroke patients consulting at hospitals, delayed stroke admissions with less thrombolysis and thrombectomy has followed the wave of the virus. This resulted in more severe strokes and higher rates of disability and mortality.

The stroke prehospital delays stemming from lack of stroke awareness, lack of confidence in hospital safety, lack of transportation and lockdowns have contributed to this. Hospital facilities have been converted to COVID facilities and health care workers have been reorganized to cope up with the demands of COVID care. In-hospital stroke care delays include PPE use or lack of it, CT scan disinfection and machine overload and insufficient stocks of life saving medicines. Stroke rehabilitation has also been affected with closure of facilities and few personnel available.

The new normal includes telestroke and teleconsultation, but this significantly disadvantaged people without internet, the indigent and resource poor areas.

WSO has supported a global campaign **Stroke- DON'T Stay at Home** in order to raise awareness of stroke symptoms and prompt acute stroke patients to seek medical consult despite the pandemic. Patients given life -saving medicines within a shorter time window are more likely to survive and to experience less long-term disability.

We would like to thank and continue to support WHO the Global Action plan for the prevention and control of NCD.