Knowledge is power

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Stroke is the second leading cause of death globally. The stroke burden is greatest in low- and middle-income countries (LMIC) where incidence has been rising since non-communicable diseases are increasingly replacing communicable ones.[1] Or so we assume. Much of the available data from LMICs is patchy at best and completely lacking at worst. Many Southeast Asian countries are included in this tally, and it is encouraging to see current efforts underway to address this critical knowledge gap.

In a series of papers published in this issue of The Lancet Regional Health—Southeast Asia, a team of researchers led by Prof Jeyarani Pandian, World Stroke Organisation President Elect, set out to present current data and data gaps on the stroke burden, systems of care, and surveillance in the Southeast Asia Region (SEAR).[2–4]

Their systematic review of stroke burden, risk factors, and unique aetiologies found that current data is severely lacking for the SEAR requiring a concerted effort to capture incident stroke data to form the basis for planned service improvement activities to both benchmark and monitor impact over time. This type of information is essential for governments to inform policy decisions and health planning across the spectrum of health conditions. This article also highlighted some unique risk factors in the region that further emphasize the importance of country or region-specific data to underpin evidence based service improvement planning. Extrapolating from other countries around the globe, even ones with similar sociodemographics and infrastructures is fraught and relying on high quality data from places such as North America or Europe is even more problematic given limited overlap around risk factors. Achieving SEAR specific and high quality data is critical, especially considering that it is estimated that nearly 50% of the world's stroke occur in this region.[3]

The authors themselves have taken an important step in advancing the evidence base to drive stroke care improvements in SEAR by conducting what presumably amounts to the first region-wide multi-centre survey to assess the current provision of best practice stroke care across the region. Despite important gaps they found clear evidence of recent advances which is encouraging and should be motivating. It can be very inspiring to witness what can be achieved in sometimes very resource limited settings. In fact, oftentimes resource constraint can drive innovation and there will be many stroke services globally watching with keen interest. A key benefit of such systematic data acquisition is that it allows for inter-country and centre comparison which helps to not only highlight overall achievements and gaps, but also identifies important variation and inequities—something faced by many regions worldwide regardless of economic status. Knowing the gaps forms the first step to plan and target improvement work and the authors clearly outline the path forward to work not only to improve overall quality, but also reduce intra-regional variation. Finally, the group reviewed the availability of current stroke surveillance systems in SEAR of which there were some excellent examples, but with too many gaps, again highlighting inequity and identifying priority areas for improvement work. They rightly point out that a joint effort is an excellent way to support those nations that have fallen behind.

This added knowledge base and the call to action to expand high-quality data sources to support data driven service improvement is very powerful. National incidence data, service data, and registries have been shown over and over to drive improvement and tackling this as a regional collaborative network has the greatest chance of success.[5–7] The authors ought to be commended for their achievements to date and high aspirations going forward. Their success in achieving high quality and equitable stroke services across the SEA Region now seems only a matter of when rather than if. Where there is knowledge there is hope.

Contributors

AR drafted and completed the manuscript in its entirety.

Declaration of interests

AR has held positions on the boards/councils/executive committees of the World Stroke Organisation, the Stroke Society of Australasia, the Asia and Pacific Stroke Organisation, the New Zealand Stroke Foundation, the Australian and New Zealand Association of Neurologists, and the New Zealand Neurological Association in addition to several editorial boards. She has received grants from the government of New Zealand unrelated to this publication. AR declares no conflict of interest.

References

1 The GBD 2016 Lifetime Risk of Stroke Collaborators, Feigin VL, Nguyen G, et al. Global, regional, and country-specific lifetime risks of stroke, 1990 and 2016. *N Engl J Med*. 2018;379(25):2429–2437. https://doi.org/10.1056/NEJMoa1804492.

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2 Pandiyan J, Padma MV, Aaron S, et al. The burden, risk factors and unique etiologies of stroke in Southeast Asia region. https://www.thelancet.com/journals/lansea/article/PIIS2772-3682(23)00150-6/fulltext.

3 Pandiyan J, Sebastian IA, Gandhi BDA, et al. Stroke systems of care in Southeast Asia: commonalities and diversities. https://www.thelancet.com/journals/lansea/article/PIIS2772-3682(23)00149-X/fulltext.

4 Kalkonde YV, Rangamani S, Suwanwela NC, et al. Surveillance of stroke: a South East Asia region perspective. https://www.thelancet.com/journals/lansea/article/PIIS2772-3682(23)00146-4/fulltext.

5 Webb A. The power of clinical registries and quality improvement collaboratives: get with the guidelines-stroke. *JAMA Neurol*. 2018;75(11):1311–1312. https://doi.org/10.1001/jamaneurol.2018.1853.

6 Cadilhac DA, Bravata DM, Bettger JP, et al. Stroke learning health systems: a topical narrative review with case examples. *Stroke*. 2023;54(4):1148–1159. https://doi.org/10.1161/STROKEAHA.122.036216.

7 Fushida-Hardy N, Kim A, Leighs A, et al. Stroke reperfusion treatment trends in New Zealand: 2019 & 2020. *N Z Med J*. 2022;135(1551):68–80. https://www.ncbi.nlm.nih.gov/pubmed/35728171.