GLOBAL NEUROLOGY: A REFLECTION ON MY EXPERIENCE AT THE UNIVERSITY TEACHING HOSPITALS (UTH) IN LUSAKA, ZAMBIA.



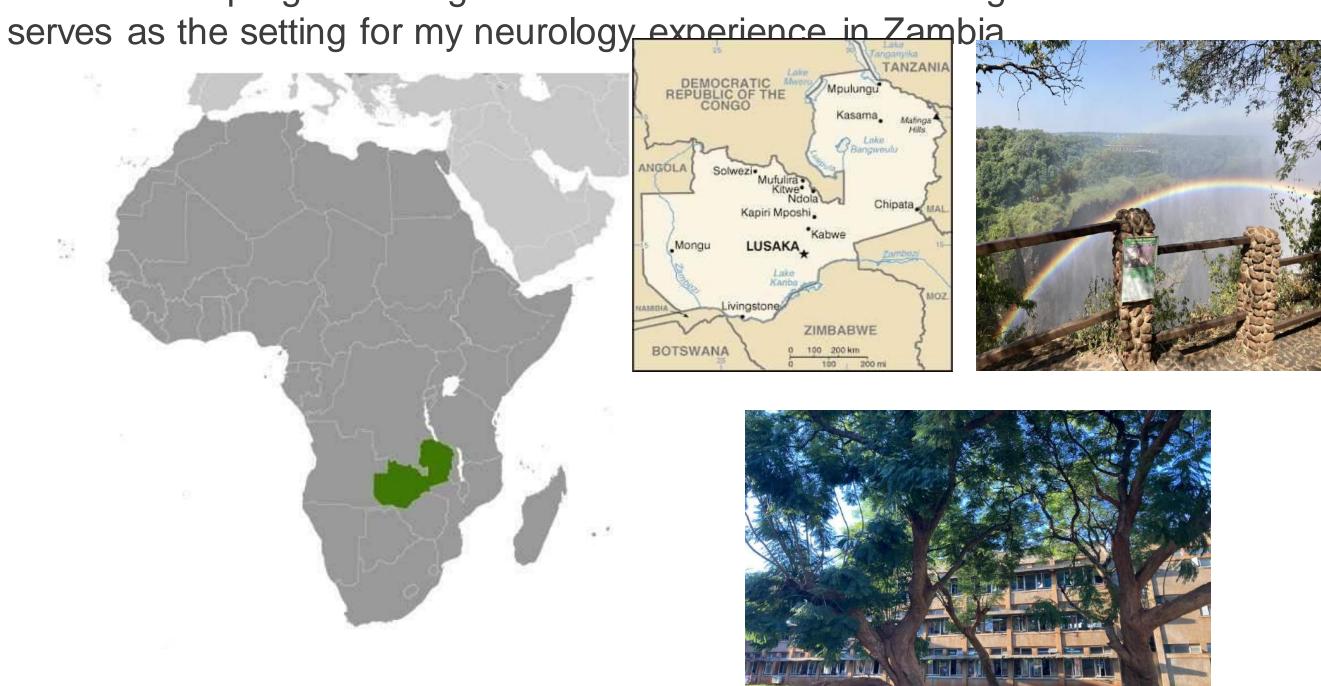
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Summary

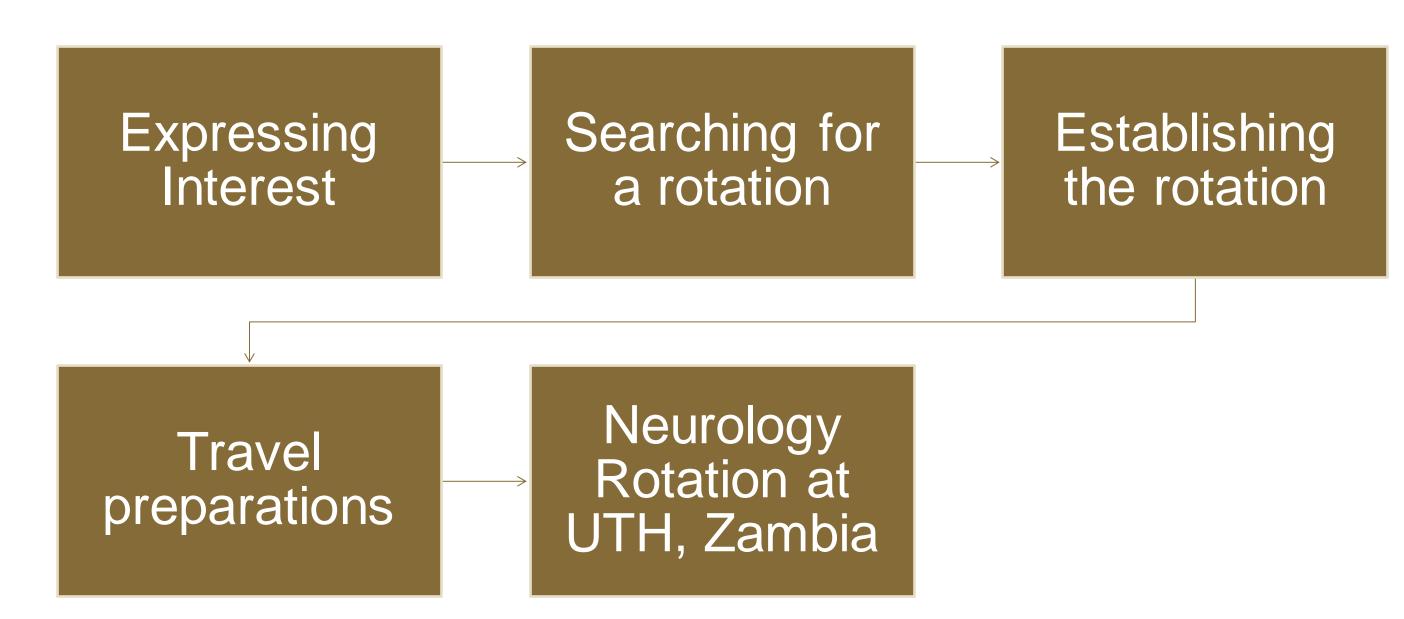
 A reflection on my neurology experience at University Teaching Hospitals(UTH) in Lusaka, Zambia.

Introduction

- Zambia is a land locked country in the southern region of Africa.
- Zambia has a population of 20,216,029 (2023 estimate) people.
- There are 73 distinct ethnic groups within Zambia with many different languages most common are Bemba, Nyanja and Tonga. As a former Bristish colony, English is the official language and is commonly spoken.
- Interesting places to visit in Zambia include Victoria falls, Zambezi River, etc.
- Zambia is considered a lower middle-income economy.
- HIV/AIDs is the foremost cause of death in Zambia, and this is often associated with neurological complications, but there is also a high burden of common non-infectious neurological diseases such as stroke and epilepsy.
- In 2018, Drs. Saylor, Siddiqi and others, spearheaded the country's first neurology residency program at the University Teaching Hospitals in Lusaka, Zambia. The program has graduated nine Zambian neurologist so far and

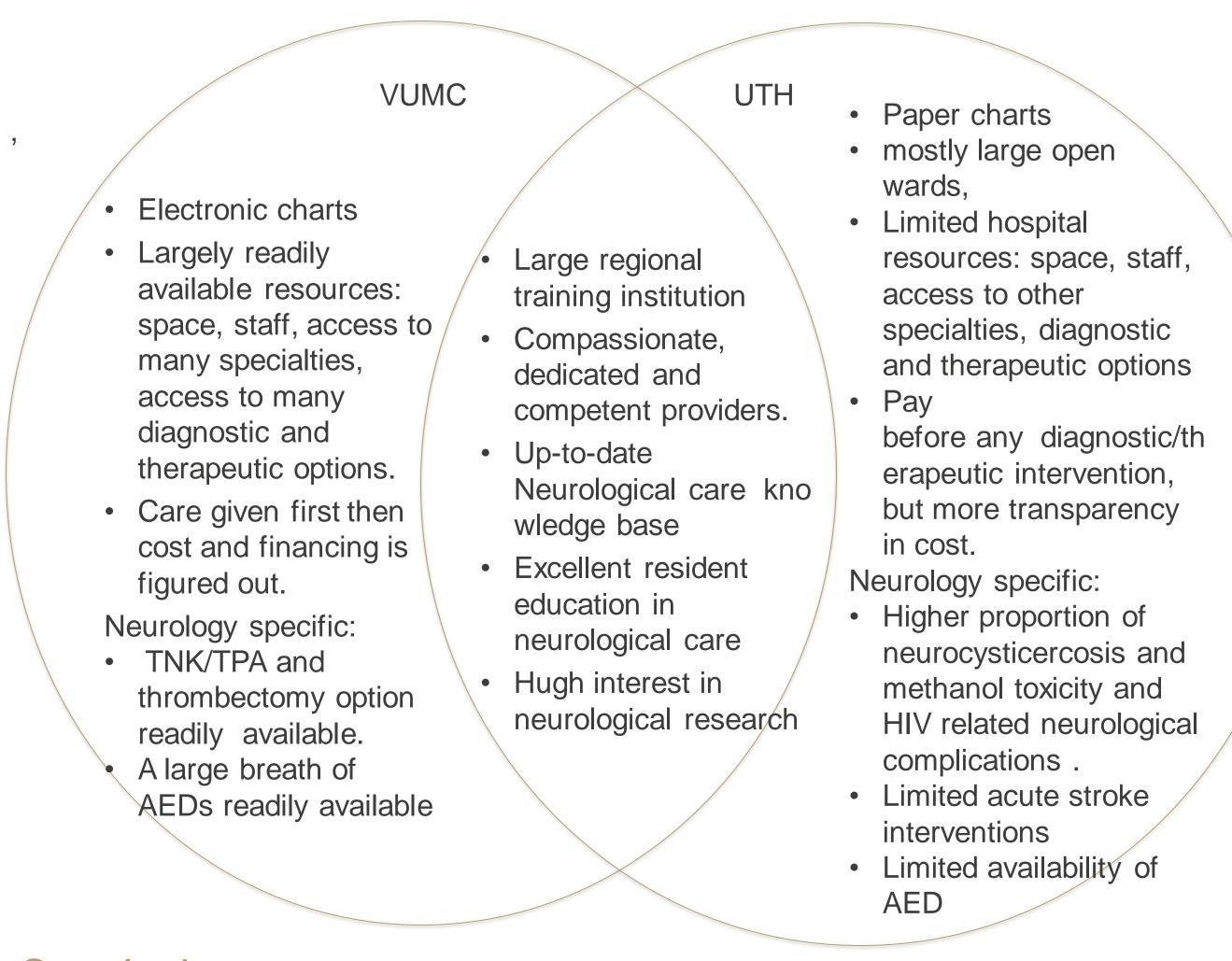


Methods



Results

 Comparing and contrasting my experience providing neurological care at Vanderbilt and at University Teaching Hospitals(UTH) in Lusaka, Zambia.



Conclusions

- There is a huge role for neurologist in global health as stroke is the second leading cause of death globally. There is a significant burden of non-infectious neurological diseases so global neurology does not have to be all about neurological complications of infectious diseases.
- Cost transparency and cost limitation is a prominent feature of the Zambia healthcare system.
- Unlike elsewhere in Zambia, at UTH, knowledge is not a major limitation to neurological care due to the residency program, even so, the disparities in neurological care is evident.
- A person in Lusaka, Zambia who you would reasonably expect to have a better outcome from getting TPA/thrombectomy if appropriate, stroke nursing care in ICU if necessary, initiation of antiplatelet therapy, investigation as to stroke etiology and appropriate rehabilitation might have a poor outcome because of lack of affordability and access to those diagnostic and management interventions.
- A person in Lusaka, Zambia with epilepsy who you would reasonably expect to have a better outcome from having access to the plethora of AEDs and surgical options with RNS/VNS or DBS might have a poor outcome because of lack of access to those diagnostic and therapeutic interventions.
- Poverty adversely affects many of the social determinants of health and alleviating poverty would significantly help bridge disparities in healthcare: this can simply start with alleviating the poverty of knowledge as has been done with establishment of the neurology residency program at UTH.
- Zambia is a safe and peaceful country with wonderful tropical climate, amazing natural views and some of the most generous people I have encountered.

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