# Global and Humanitarian Neurosurgery Committee

- BOOTStrap-SCI: Beyond One Option of Treatment for Spinal Trauma and Spinal Cord Injury: Consensus-Based Stratified Protocols for Intensive Care and Surgical Management
- BOOTStrap-SCI: Beyond One option of treatment for spinal trauma and spinal cord injury: Consensus-based stratified protocols for pre-hospital care and emergency room (part I)
- The first EANS vascular and skull base hands-on course in East Africa: Review from the global and humanitarian neurosurgical committee initiative
- Mapping the global neurosurgery workforce. Part 1: Consultant neurosurgeon density
- Mapping the global neurosurgery workforce. Part 2: Trainee density
- The Low-Income and Middle-Income Countries' Perspective on Global Neurosurgery Collaborations
- Working in low- and middle-income countries: Learning from each other
- Global neurosurgery amongst the EANS community: Where are we at?

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Access to neurosurgical care is limited in low-income country and middle-income country (LMICs) and marginalized communities in high-income countries (HICs). International partnership represents one possible means of addressing this issue. Insights from surgeons in HICs have been explored, but data from LMICs' counterparts are scarce. Marchesini et al. aimed to study the perspectives of neurosurgeons and trainees from LMICs regarding global neurosurgery (GN) collaborations and interests, motivators, and challenges in participating.

An online survey was conducted targeting neurosurgeons and trainees from LMICs. The survey explored demographics, previous experiences, ongoing activities, interests, and barriers related to GN activities. Data were collected between July 2022 and December 2022 and analyzed.

Responses involved 436 individuals. The most represented region (25%) was Sub-Saharan Africa, and most respondents were male (87.8%) aged 35-49 years. Interest in GN was high, with 91% after its development. Most respondents (96.1%) expressed interest in training, professional, or research experience in HICs, but only 18.1% could cover the expenses. A majority (73.2%) strongly agreed to return to their home country for work after HIC training. Ongoing HIC-LMIC partnerships were reported by 27.8% of respondents. Clinical exposure emerged as the most relevant motivating factor (87%), while financial concerns, lack of opportunities, and lack of program support were identified as important barriers. Funding and dedicated time were highlighted as the most crucial facilitators.

Understanding the perspectives of neurosurgeons and trainees from LMICs is essential to expanding HICs-LMICs collaborations and improving access to neurosurgical care worldwide. Financial support and targeted interventions are needed to address barriers and promote equitable partnerships in GN [1].

1)

Marchesini N, Kamalo P, Foroglou N, Garozzo D, Gonzalez-Lopez P, Ivanov M, Lafuente J, Olldashi F, Paternò V, Petr O, Rotim K, Rzaev J, Timothy J, Tisell M, Visocchi M, Negida A, Uche E, Rasulic L, Demetriades AK. The Low-Income and Middle-Income Countries' Perspective on Global Neurosurgery Collaborations. Neurosurgery. 2024 Oct 11. doi: 10.1227/neu.0000000000003230. Epub ahead of

print. PMID: 39392305.