AAN Global Health Section
Strategic Plan

PART I: INTRODUCTION

A. Definition of section
The purpose of the Global Health Section in the American Academy of Neurology (AAN) is to bring together members with interest and experience in global health in neurology, with the goal of fostering communication and collaboration on initiatives that promote advocacy and education for neurology in resource limited regions of the world.

B. General statement on goals
The Global Health Section has two main goals:

1. Advocacy - to build partnerships with existing organizations in order to initiate and support broad based global advocacy efforts for the prevention and treatment of neurological disorders.
2. Education - to develop and support initiatives to build capacity for neurological training in developing countries.

The Global Health Section believes that there is a growing interest within the AAN membership on global health, and that the Section can help to coordinate the energy and resources within the AAN membership to most effectively meet the above goals. The Global Health Section also aims to improve the knowledge of the general AAN membership on global health issues in neurology.

C. Overview of interaction with other organizations and sections
In order to achieve the above goals, the Global Health Section recognizes the need to partner closely with existing neurological organizations with similar goals, such as the World Federation of Neurology, the World Neurology Foundation, the International Brain Research Organization, and the International League Against Epilepsy. As global health spans subspecialties, the Section recognizes the importance of close interaction with other sections, especially ones that currently have international objectives, such as the Neuro-Infectious Disease Section and the Neuro-Epidemiology section.

D. Purpose of this document
The purpose of this document is to provide the Section and the AAN with a review of the current state of global health in neurology, a review of other organizations and sections active in global health in neurology, an analysis of the role that the Section can play within this schema and how the Section can best partner with existing organizations, a proposal for short term and long term goals of the Section, and a statement on how the Section and the AAN International Subcommittee can work together to most effectively provide global health outreach in neurology.
PART II: BACKGROUND/HISTORY OF GLOBAL HEALTH SECTION

The idea of a Global Health Section came from an effort by five neurologists with active interests and work in neurology education in Sub-Saharan Africa, who felt that the AAN should provide a greater leadership role in supporting the advancement of quality neurological training, research, and patient care in low and middle-income countries. The initial proposal had 69 signatories, 62 of whom were active AAN members. The Global Health Section was approved by the Committee on Sections Executive Committee as a transitional Special Interest Group (SIG) in March 2011.

The SIG held its first meeting on April 11, 2011, at the AAN annual meeting in Hawaii, with 33 attendees. The SIG membership agreed on the objectives of advocacy and education and voted to elect Jerome Chin, Amy Lee, Ana-Claire Meyer, Jim Bower, and Gretchen Birbeck as members of the executive committee. At the annual meeting, Jerome Chin and Amy Lee also met members of the World Federation of Neurology, World Neurology Foundation, the Neuro-Infectious Disease Section, the Neuro-Epidemiology section, the AAN International Subcommittee, and the AAN International Taskforce, to discuss partnerships.

The SIG requested consideration for full section status which was approved by the Executive Committee on Sections and Subspecialties (ECOSS) and the Committee on Sections (COS) in September 2011. The AAN Board of Directors endorsed the Global Health Section in October 2011.

PART III: CURRENT STATE OF GLOBAL HEALTH IN NEUROLOGY

A. Global burden of neurological disease

The Global Burden of Disease study, which began as a joint effort between the World Health Organization, World Bank, and the Harvard School of Public Health, estimates disease burden using a metric that takes into account both mortality and disability, the disability adjusted life year (DALY). Neurological diseases represented 6.3% of the global burden of disease in 2005.1 Globally, this burden includes stroke (3.5% of total DALYs), dementia (0.8%), epilepsy (0.5%), migraine (0.5%), tetanus (0.4%), meningitis (0.4%), Parkinson’s disease (0.1%), and multiple sclerosis (0.1%). Some diseases and conditions, which are not primary neurological diseases or infections but cause substantial neurological sequelae, are not included in the estimates of neurological burden. These include many neuro-infectious diseases such as HIV/AIDS, tuberculosis, parasitic diseases, as well as birth asphyxia, birth trauma, and malnutrition.

Low and middle income countries increasingly bear the double burden of infectious and non-communicable disease. In 2008, 60% of deaths worldwide, numbering about 36 million, were from non-communicable disease, and 80% of these deaths occur in low and middle income countries.2 Furthermore, 30% of deaths from non-communicable disease in low and middle
income countries occur in people less than 60 years of age. Death from neurological disease, as a percentage of total death, is highest in low middle income countries - 8.2% in low income, 16.8% in low-middle income, 10.7% in upper-middle income and 13.2% in high income countries.\(^1\) In all WHO regions, death attributable to neurological disorders are dominated by cerebrovascular disease. Almost half (46.3%) of neurological burden from disability occurs in low income countries, followed by 31.7% in low middle income country.

Despite the large neurological burden worldwide, there remains a neurological workforce gap in much of the world and is most striking in Africa where there are 0.03 neurologists per 100,000 people.\(^2\) Similarly, striking treatment gaps exist across the spectrum of neurological diseases. For example, eighty percent of global burden in epilepsy occurs in developing countries, with unacceptably high treatment gap affecting the poorest populations. The treatment gap is over 75% in low-income countries and over 50% in many lower and upper middle income countries, compared to less than 10% in high income countries.\(^4\) Furthermore, treatment gaps are twice as high in rural areas compared to urban areas. Clearly, increased resources are needed to help improve neurological care and services around the world.

### B. Current organizations involved in global health in neurology

This section discusses briefly organizations involved in global health in neurology, and an overview of specific objectives and projects within these organizations that align with the goals of the Global Health Section and that can serve as potential avenues of collaboration.

1. **World Federation of Neurology (WFN)** - The WFN ([http://www.wfneurology.org/](http://www.wfneurology.org/)) is a federation of national neurological societies, with the mission to “foster quality neurology and brain health worldwide.” The AAN is a member of the WFN.

The WFN is actively involved in advocacy efforts, and has close partnership with the World Health Organization. Most recently, the WFN led the creation of the World Brain Alliance, which as of April 2011 consists of the following organizations: Alzheimer’s Disease International, European Brain Council, International Brain Research Organization, International Child Neurology Association, International League against Epilepsy, World Federation of Neurorehabilitation, World Federation of Neurology, World Federation of Neurosurgical Societies, World Psychiatry Association, World Stroke Organization, and World Heart Federation. The WFN worked to advocate for neurological issues to be part of the United Nations high level non-communicable disease summit in September 2011.

The WFN has a number of educational programs focused on assisting resource limited countries, that are well summarized in previous articles.\(^5\) These include

- a. Continuing medical education program, in partnership with the AAN, providing six courses of Continuum each year, currently with 42 participating countries.
- b. Assistance in establish neurology training programs or further developing existing programs, with an early experience in Honduras.
- c. Certification for programs seeking external review.
d. The African initiative.

e. Where there is no neurologist, a training program for clinical officers in Zambia and Malawi, and more recently in Ethiopia (for psychiatric nurses) and West Africa, with manual available in English and French.

f. "WFN Seminars in Clinical Neurology", a series of small texts written especially for neurologists practicing in developing countries, textbooks which can be downloaded free of charge from the WFN web site. The texts contain information about practice in areas with limited resources, tropical conditions, and cultural diversity, that are not available in standard textbooks.

2. World Neurology Foundation (WNF) - The WNF (http://www.worldneurology.org) is a US based 501(c3) foundation founded in 1999, with a mission of “improving neurological care of patients in developing countries worldwide.” The World Neurology Foundation works closely with the Education Committee of the World Federation of Neurology to support this mission. Current projects include

   a. Toolkits for Africa, providing basic assessment tools to African health professionals.
   b. CME support, such as recent donation of Martin Samuel’s “Comprehensive Review of Neurology Course” to 16 high need countries.
   c. Assessing the needs and capacity for creating a neurology residency program in Panama.
   d. Scholarship for medical education for a disadvantaged female in India, and residency for an African physician on an annual basis at the Institute of Neurology in India.
   e. Florida-Nigeria partnership.

3. World Health Organization (WHO) - WHO (www.who.int) directs and coordinates health within the United Nations system. The current director general, Margaret Chan, has made improving health in Africa a priority. Neurological diseases is housed within the mental health program, with the exception of stroke and neuro-infectious diseases (http://www.who.int/mental_health/neurology/en/). In collaboration with other groups listed in this section, they lead the Global Campaign Against Epilepsy and the Global Campaign Against Headache. WHO also launched the Mental Health Gap Action Programme (mhGAP) in 2008 with the aim of “scaling up services for mental, neurological and substance use disorders for countries especially with low- and middle-income,” and published the mhGAP Intervention Guide in 2010.6,7

4. International Brain Research Organization (IBRO) - IBRO (www.ibro.org) is an international organization representing more than 75,000 neuroscientists worldwide, founded in 1961 “dedicated to the promotion of neuroscience and communication between brain researchers around the world with special emphasis on assisting young investigators in the developing world.” Activities of IBRO include

   a. Neuroscience Schools Programme, with training courses in Africa, Asia, Central and Eastern Europe, Latin America, Western Europe, and the US and Canada, currently numbering 20-25 annually, with an interactive network of faculty and alum who can communicate via website and facebook.
b. Sponsoring symposia and workshops.

c. Post-doctoral fellowships and travel grants to conferences.

**Neurological sub-specialty organizations**

5. **World Stroke Organization (WSO)** - The WSO (http://www.world-stroke.org/) was formed in 2006 from the merger of the International Stroke Society and the World Stroke Federation, whose mission is to “provide access to stroke care and to promote research and teaching in this area that will improve the care of stroke victims throughout the world.” The WSO has led advocacy efforts globally in stroke, launching the “1 in 6” world stroke campaign in 2010.

6. **International League Against Epilepsy (ILAE) and International Bureau for Epilepsy (IBE)** - The ILAE (http://www.ilae-epilepsy.org) is an association of medical professionals whose mission is to “ensure that health professionals, patients and their care providers, governments, and the public world-wide have the educational and research resources that are essential in understanding, diagnosing and treating persons with epilepsy.” The IBE (http://www.ibe-epilepsy.org) is an international organization of laypersons and professionals “interested in the medical and non-medical aspects of epilepsy,” to “improve the quality of life of The two organizations work closely together. In collaboration with the WHO, the ILAE and the IBE also coordinate the Global Campaign Against Epilepsy to reduce the global burden of epilepsy (http://www.globalcampaignagainstepilepsy.org/). These efforts included
   a. Demonstration projects that include study of knowledge and attitudes, epidemiological assessments and treatment gaps, service delivery and intervention, and outcome assessments.
   b. Grants for epilepsy projects.
   c. Faculty of 1000 to assist in on-site and e-learning educational activities that are being developed.
   d. Assistance in the establishment of local leagues against epilepsy.

7. **Alzheimer’s Disease International (ADI) and the 10/66 Disease Research Group** - 10/66 (http://www.alz.co.uk/1066/) is a part of ADI (http://www.alz.co.uk/), with the aim to “provide a detailed evidence-base to inform the development and implementation of policies for improving the health and social welfare of older people in low and middle income countries.” 10/66 focuses on population based research into dementia.

8. **Lifting the Burden (LTB)** - LTB (http://www.l-t-b.org/) leads the Global Campaign Against Headache to reduce the global burden of primary headache disorders, in collaboration with the WHO, World Headache Alliance, International Headache Society, and the European Headache Federation. Epidemiological studies have been completed in Georgia, Russia, India and China and are underway in Ethiopia, Zambia, Pakistan and Saudi Arabia.

9. **Neuropathic Pain (NeuPSIG)** - NeuPSIG (http://www.neupsig.org/) is a special interest group within the IASP to “promote the study of mechanisms, assessment, prevention and treatment of neuropathic pain.” Within the NeuPSIG is a specific developing world committee
which is interested in quantifying, describing and improving pain management from a global health perspective.

10. **Movement for Global Mental Health** - The Movement for Global Mental Health (http://www.globalmentalhealth.org/) was launched on October 10, 2008 as a group of individuals and institutions committed to collective actions to close the treatment gap for people living with mental disorders worldwide, with a special focus on lower and middle income countries. The Movement for Global Mental Health was launched after a *Lancet* series on mental health culminated in a call to action. The second Global Mental Health Summit will be held in Cape Town in October 2011. Epilepsy and dementia are diseases addressed within the *Lancet* mental health series, *PLoS medicine* series on packages of care for mental disorders, and within the mhGAP intervention guide.

**C. Current AAN activities in global health**

The international activities of the AAN are guided by the International Subcommittee with final approval from the Board of Directors. An International Task Force was convened in late 2010, amongst its goals to determine ways to serve AAN’s international membership, and educational and scientific opportunities for international outreach.

Current activities focused on low and middle income countries include

- a. Continuing medication education program, in partnership with the WFN, providing courses of Continuum, discussed in section B.1.a.
- b. International Scholarship Award to up to 10 international members to attend the annual meeting. This award is open to international members and non-members, and is not restricted to those in low and middle income countries.
- c. Bruce S. Schoenberg international award in neuroepidemiology, in conjunction with the neuroepidemiology section, to a promising young investigator in neuroepidemiology from a developing country or Eastern Europe.
- d. For low and low-middle income countries, discount membership fee of $150, waived registration fee for annual meeting, and opportunity to participate in “rush” tickets for meeting courses.
- e. The establishment of the Afghan Neurological Care Fund in 2011, with approval of $40,000 from the AAN to provide two years training in neurology at Aga Khan University in Pakistan for two internists or family physician, with the expectation that they will return to Afghanistan to start a training program.\(^8\),\(^9\)

Sections within the AAN with interests in global health include the Neuroepidemiology, Neuroinfectious disease, Epilepsy, and Ethics sections. The A.B. Baker Section on Neurologic Educators sponsored an education colloquium at the 2010 annual meeting on “International Education.” Given the educational objectives of the global health section, partnership with the A.B. Baker Section will also be important. For the last few years, the annual meeting Residents
and Fellows Career Forum has also included an International Component Posters session for programs that feature an international elective.

**D. Current state of global health training within the United States**

There is increasing interest in global health opportunities and careers amongst current trainees. The proportion of medical students taking an international elective increased from 15% in 1998 to 30% in 2006. An increasing number of trainees are interested in pursuing fields where global health opportunities and careers are possible. While other fields such as infectious disease, emergency medicine, internal medicine, and pediatrics have been the traditional fields towards which those with global health interests have gravitated, there are clear possibilities for neurologists to play an important and critical role in the global health landscape given the rising burden of non-communicable disease. As in other specialities, an increasing number of neurology trainees seek global health opportunities, and an increasing number of training programs are investigating how to provide these opportunities. However, at present, neurology as a specialty lags behind other fields in establishing opportunities for global health training and careers.

**E. What unique role can the AAN Global Health Section play?**

There is clearly a growing interest in global health amongst AAN members, and the creation of the AAN Global Health Section helps to fill an unmet need for members with this interest. While there are other organizations engaged in global health neurology activities, their presence and activities are not well known to the majority of the AAN membership. The AAN Global Health Section can promote health volunteerism amongst its members and serve as a resource for AAN members looking for coordinated activities to engage in global health, through partnerships and initiatives done in coordination with other organizations.

While a number of individuals and institutions are currently engaged in global health neurology activities, there is often little sharing of resources or communication regarding proven practices or effective models of collaboration. The AAN Global Health Section and online community can help to create a network for members to improve communication and collaboration that spans subspecialties.

The AAN has had a longstanding commitment to education and training programs in the US. There is increasing interest from training programs in offering a global health track or international electives. This brings up unique issues that training programs may not be accustomed to, related to the ethics of international training experiences. The AAN Global Health Section is in a unique position to bring attention to the issues of global health ethics, in order to encourage responsible global health activities.

The AAN has been very strong in development of educational programs and curricula. Critical to educational and capacity building projects are appropriate educational curricula. With increasing availability of the internet in developing countries, there are also increasing
opportunities for education via telecommunications with institutions with well-established neurology programs. The AAN Global Health Section can help support the creation of standardized curricula and telecommunications programs that can be a resource for training neurologists and non-neurologists in developing countries.

PART IV: SWOT (STRENGTH, WEAKNESS, OPPORTUNITIES, THREATS) ANALYSIS OF GLOBAL HEALTH SECTION

A. Strength
1. The AAN Global Health Section membership has already grown to over 100 members, with clearly demonstrated passion and commitment shown at the inaugural meeting.
2. There is a growing interest in global health, especially amongst current trainees who will be the next generation of leaders in neurology and the AAN.
3. The needs in global health in neurology, especially with regards to the Section goals of advocacy and education, are tremendous.
4. There are opportunities to support and contribute to ongoing advocacy and educational programs within other organizations and sections.

B. Weakness
1. The WHO combines neurology and psychiatry, under “mental health, neurological disease, and substance abuse disorders”, this is often truncated to “mental health”, which makes advocating for neurological disorders more difficult.
2. The definition of global health is broad with potential difficulties in focusing section goals;
3. Lack of adequate funding for global health training and work.
4. Current poor representation of AAN members from low and middle income countries in educational and scientific programs of the annual meeting.
5. Global health exchange is currently predominantly uni-directional (North->South) rather than bi-directional (South->North or South<-> South).

C. Opportunities
1. Establish a network and community of neurologists within the AAN with ongoing work and interest related to global health in neurology, to improve communication and collaboration.
2. Act as a resource to the AAN leadership committee and the international subcommittee on global health issues.
3. Serve as a liaison between the AAN leadership committee and the international subcommittee on the specific needs of members in low and middle income countries.
4. Increase awareness and knowledge regarding global health issues in neurology in the general AAN membership through annual meeting programs.
5. Identify coordinated opportunities for AAN members interested in engaging in global health neurology activities, ranging from supporting projects within other organizations to AAN-initiated activities.
6. Create guidelines for development of global health curricula in training programs, and serve as a resource for training programs interested in developing a global health component.
7. Develop educational material to aid in educational capacity building efforts.
8. Support development of telecommunication links between institutions in North America and medical institutions in low and middle income countries.
9. Develop funding sources and appropriate infrastructure for bi-directional training opportunities.

D. Threats
1. Lack of recognition of the importance of global health needs in the AAN.
2. Lack of recognition among the general global health community on the importance of neurological issues in global health.
3. Potential for poor understanding of global health ethics leading to “medical tourism”, with risks including burdens on the host institution, unbalanced relationships between institutions, and negative impact on patients when visiting trainees are underqualified.\textsuperscript{20,21}
4. Fragmentation and uncoordinated activities by organizations currently involved in global health in neurology.

PART V: SPECIFIC VISION/GOALS AND OBJECTIVES FOR THE GLOBAL HEALTH SECTION

A. Advocacy

Background: There is an absence of significant neurological representation in high-level policy discussions on global health. A UN High Level summit on non-communicable disease was convened in September 2011. Except for stroke, neurological disorders were not addressed in the meetings or outcome documents.

Strategic goal: Increase visibility of neurological issues in global health, and increase involvement of neurology in global health policy discussions.

Operational strategy:
1. Identify and support efforts by other organizations advocating for neurological disorders, such as the newly founded World Brain Alliance.
2. Identify ways in which the neurological community can more actively engage in policy discussions on global health.

Specific Action Items 2011-2013:
1. Propose to the international subcommittee and board of directors that the AAN join the NCD Alliance, the largest civil society organization coordinating advocacy efforts for non-communicable diseases, as a common interest member.
2. Discuss with the World Federation of Neurology ways that the AAN can support the newly founded World Brain Alliance.
3. Create video highlighting needs and work in global health neurology as social media advocacy tool.

Role of AAN: Communication with outside organizations require approval from AAN board of directors
Benefit to AAN: Increased visibility of AAN in global advocacy.
Partners: International subcommittee, World Federation of Neurology, NCD Alliance
B. Educational and scientific programs on global health in neurology

Background:
There is growing interest in global health in neurology. At the same time, many neurologists are not well-informed of the pressing neurological needs in developing countries. Overall there is a lack of educational and scientific programs related to global health, and lack of representation of members from developing countries.

Strategic goal:
1. Increase awareness and interest of global health issues within the AAN membership.
2. Increase involvement of members from developing countries in programs at annual meeting.

Operational strategy:
1. Discuss potential courses and topics for annual meeting.
2. Maintain discussions with other sections on jointly sponsoring sessions at annual meeting.
3. Encourage and support submissions for scientific and educational content by members from developing countries, and discuss with the AAN education and scientific committees ways to increase global health content.

Specific Action Item 2011-2013:
1. Global Health Section will take over sponsorship of the annual meeting educational course “Global Health Challenges: Neurology in Developing Countries.”
2. Propose Integrated Neuroscience Session on global health in collaboration with the neuroID, neuroepi, ethics, education sections.
3. Encourage submissions to the new “Global Perspectives” section in Neurology.

Role of AAN: Requires approval from AAN education and scientific committee.
Benefit to AAN: Increased awareness of global health neurology issues within the AAN membership.
Partners: NeuroID, Neuroepi, Ethics, Education sections.

C. Supporting resident education in global health

Background: There is a growing interest in global health amongst residents and training programs, with residents seeking experiences in developing countries.

Strategic goal: Provide guidance and support for programs on how to provide meaningful experiences, and to train residents to be well informed on basic global health issues, travel, and ethics.

Operational strategy:
1. Create a recommended core curriculum regarding global health in neurology that residents partake in prior to an international exchange.
2. Compile information on neurology programs that have incorporated international electives or global health into their residency programs.
3. Consider a focus group from residents/recent graduates on how the Section can be a resource.
4. Establish funding opportunities for short term electives for trainees.

Specific Action Item 2011-2013:
1. Identify neurology programs with international electives or global health opportunities, and develop brief guide to their activities.
2. Identify coordinated opportunities for trainees to participate in international electives.

**Role of AAN:** Logistical support in contacting neurology programs.

**Benefit to AAN:** Support resident education.

**Partners:** GRE committee, A.B. Baker Section, resident and fellow section.

### D. Supporting capacity building and education in developing countries

**Background:** There is a tremendous lack of neurologists in developing countries. Education of neurologists, general practitioners, and ancillary health workers is critical to decreasing the workforce gap and improving neurological care in developing countries.

**Strategic goal:**
1. Support capacity building in neurology in collaboration with existing organizations.
2. Promote volunteerism of members, ranging from clinical care to education to research to mentorship.

**Operational strategy:**
1. Support development of core curricula and educational resources that can be used in capacity building efforts.
2. Support development of telecommunication links between medical institutions in North America and resource limited settings.
3. Establish funding opportunities for bidirectional exchange.
4. Identify opportunities for members to volunteer, ranging from clinical care to education to research to mentorship.

**Specific Action Item 2011-2013:**
1. Compile lists of current educational capacity building partnerships/exchanges.
2. Develop ties and establish areas of collaboration with organizations and AAN sections involved in global health activities.
3. Convene group of neurologists and non-neurologists with experience in building educational capacity to further develop operational strategy.

**Role of AAN:** Logistical and technical support.

**Benefit to AAN:** Facilitate efforts by the AAN to reach out to international members in low and middle income countries, increase AAN involvement in global health.

**Partners:** All organizations and sections discussed in section B and C.

### E. Membership

**Background:** Mutual exchange and dialogue with neurologists working in low and middle income countries is critical to the success of initiatives by the Global Health SIG.

**Strategic goal:** Increase membership of Global Health Section, and especially neurologists from low and middle income countries in AAN and in Global Health Section.

**Operational strategy:**
1. Actively reach out to AAN members in low and middle income countries to let them know about the formation of the global health section and to invite them to join.
2. Recommend a further reduction in annual membership fees for low-income countries.
3. Publicize formation of Global Health Section.

**Specific Action Item 2011-2013:**
1. Compile names/emails of AAN members in low and middle income countries and send invitation to join global health section.
2. Propose to the international subcommittee and board of directors that the AAN further reduce annual membership fees for low-income countries.
3. Write article of Neurology Today and World Neurology on the formation of Global Health Section.
4. Assess specific needs of AAN members and potential members from low and middle income countries

**Role of AAN:** Administrative and logistical support to reach membership.

**Benefit to AAN:** Facilitate efforts by the AAN to reach out to international members in low and middle income countries.

**F. Collaboration and Community**

**Background:** Currently, members interested or engaged in global health neurology activities often do not know of others who may be working on similar endeavors or in similar regions of the world. Creating a network that identifies members and their work/interests can help to foster meaningful dialogue and collaboration on global health issues and projects.

**Strategic goal:** Improve communication amongst members engaged in global health activities.

**Operational strategy:** Create network and online platforms for members to communicate.

**Specific Action Item 2011-2013:**
1. Create online community and discuss the best uses of the online community.
2. Consider creating a list of members, email, affiliations, past experiences, and current projects/regions of interest.
3. Consider identifying a webmaster.

**Role of AAN:** Administrative and technological support.

**PART VI: SUMMARY/CONCLUDING STATEMENT**

The field of global health is rapidly growing. Neurologists need to play a more active role in making sure that global neurological needs are acknowledged and addressed. The AAN global health section is in a unique position to coordinate the interests and resources of AAN members engaged in global health, to collaborate with other neurological global health organizations to achieve its goals of advocacy and education, and to work with the international subcommittee and AAN leadership to strengthen the AAN’s role in global health neurology.
REFERENCES:


