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# NEUROLOGICAL CARE IN AFGHANISTAN

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Afghanistan is struggling to recover from more than 3 decades of conflict, displacement, and destruction of its infrastructure. The population of Afghanistan is around 31,108,077 (July 2013 est.), which includes the 2.7 million Afghan refugees the population of Afghanistan is increasing rapidly. Afghanistan has a predominantly young population, where almost 50 percent is less than 17.9 years of age, the proportion of population under 17.9 is among the highest in the world and significantly higher than that of neighboring countries. Afghanistan has the highest fertility rate among South Asia countries (5.54 versus average of 3.3). Seventy seven percent of Afghan populations are living in rural areas, adult literacy rate is 37%, male: 51%; female: 21% (2000). The annual per capita income is currently estimated to be 1000 US$.

Healthcare in developing countries is affected by poverty, illiteracy, political instability and diseases that may be of lesser importance in industrialized countries. The burden of neurological diseases is increasing globally and particularly so in the developing countries. In addition to the burden of infectious neurological diseases the upsurge of non-communicable diseases like stroke due to lifestyle changes and increasing prevalence of hypertension and diabetes mellitus is quite alarming. The Global Burden of Disease report published by the World Health Organization drew the attention of the international health community to the fact that the burden of mental and neurological disorders has been seriously underestimated by traditional epidemiological methods that took into account only mortality, but not disability rates. According to WHO 11% of the world's population die from a neurological disease, they account for a remarkable 28% of all years of life lived with a disability (DALY) and represent therefore a health and socio- economic challenge.

The incidence or prevalence of major neurological diseases in Afghanistan is not known, Neuroinfection, developmental disabilities and epilepsy in pediatric age group and stroke in elderly population with a rapid increase of neuroimmunological diseases and diseases resulting from a lack of nutrition are also more frequent in developing regions. Viral encephalitis, bacterial and tubercular meningitis, cerebral malaria is the most common neuroinfectious disorders seen in developing and low-income countries. Polio and tetanus have direct neurological manifestations whereas diphtheria and tuberculosis may lead to different types of neurological complications. Incidence of measles, tetanus, and rabies is still high.

Stroke is second most common cause of mortality in developing countries and approximately one-third occurs in younger age group, who are not fully investigated and the underlying cause is rarely identified. Spontaneous intracerebral hemorrhage and venous stroke are very common due to uncontrolled hypertension and pregnancy-related complications, respectively.

Of the 50 million epilepsy patients worldwide, 75% are in developing countries epilepsy is largely caused by untreated or poorly treated CNS infection, head injury and high incidence of home delivery and pregnancy-related complications, hypoxic injuries leading to cerebral palsies among children are very common. Epilepsy management is greatly hindered by the fact that the disease is considered to be a social stigma, lack of resources, unavailability of recently developed anticonvulsants and probably more importantly the inconsistent quality of the available anticonvulsants, and cultural beliefs.

Another issue about the neurological problems is the misconceptions of the public about the neurological disorders and the difficulty in differentiating between neurological disorders and psychiatric illnesses.

Neurological services in Afghanistan is delivered by neuropsychiatrist and general physicians still there is no established pure neurology residency training despite of some facilities and potential to develop neurology as a separate specialty, there are more than 8 MRI and 10 CT scanners in the capital, none of them are in the national centre, most are privately owned and there are imaging facilities in other big cities as well. Unfortunately there are no trained neuroradiologists in the whole country. Scans are reported by general radiologists, EEG machines are available in two private non-neurology centers. Currently, there is only one institution in the country, which gives neuropsychiatry residency training without having imaging and electrodiagnostic facilities and there are no neurologists in all medical schools in the country.

There is a strong need to establish a well equipped neurology centre, with reasonable facilities for neurological care and training.

To overcome this problem there is a great need for Afghan doctors abroad and international organizations, like the World Health Organization, the International League against epilepsy, World Federation of Neurology and American Brain Foundation can assist in this aspect, best example of support is ABF's Afghan Neurologic Care Fund, initiated by Dr.Sheila Jahan an Afghan neurologist living abroad, sponsored my scholarship at Aga Khan University Hospital-Karachi. This training program was supported by American academy of Neurology foundation. After completion of my training as a dedicated full time neurologist I am looking forward to establish basic neurological services, and training with the guidance and support of my honorable professors from neurology department-AKUH and Afghan doctors from abroad.