

Democratising stroke recovery: a global, multilingual digital public good

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Stroke remains a leading cause of disability worldwide, with more than 100 million people living with its consequences.¹ Despite major advances in acute stroke care, access to sustained rehabilitation remains profoundly unequal across and within countries. In many settings, particularly in low- and middle-income countries, rehabilitation services are scarce, fragmented, or unaffordable; even in high-income settings, continuity of care beyond hospital discharge is often limited. As a result, a substantial proportion of stroke-related disability remains preventable through improved access to effective rehabilitation.

Bridging this gap requires solutions that are not only clinically sound, but also scalable, accessible, and adaptable across diverse health system contexts. In this regard, the global release of a free, best practice-based stroke prevention and rehabilitation video series in 23 widely spoken languages, developed by the New Zealand Stroke Education Charitable Trust, represents a notable step towards addressing a long-standing unmet need.² The series comprises 65 structured videos demonstrating core rehabilitation techniques, caregiving approaches, and prevention strategies that can be implemented in home and community settings.²

What distinguishes this initiative is its potential for population-level reach. The languages included are spoken by an estimated 5.5–6.5 billion people globally, with the capacity to support approximately 97 million individuals living with stroke - around 93% of stroke survivors worldwide. This scale is rarely achieved by rehabilitation interventions, which are typically constrained by workforce and infrastructure limitations. By contrast, digitally delivered, language-adapted resources can extend support beyond formal health systems and into everyday environments where recovery largely occurs.

The content reflects the full continuum of stroke recovery, including early care, prevention of complications, mobility, communication, and long-term functional improvement, alongside practical guidance for caregivers. This focus on usability and continuity is consistent with growing recognition that effective rehabilitation depends not only on specialist services, but also on sustained engagement in daily life.³



Enabling patients and families to participate actively in recovery may therefore represent a critical, yet underutilised, component of stroke care. This approach is closely aligned with recommendations from the World Stroke Organization - Lancet Neurology Commission on stroke,⁴ which emphasised the need to improve access to rehabilitation and reduce inequities in care.

More broadly, this initiative exemplifies the emerging role of digital health as a vehicle for delivering “mass individualised” interventions - approaches that combine personal relevance with population-scale dissemination. In contrast to more resource-intensive digital solutions, video-based guidance delivered through widely accessible platforms offers a low-cost and immediately deployable option, particularly in settings where formal rehabilitation services are limited. The endorsement of the series by international organisations, including the World Stroke Organization and the World Federation for NeuroRehabilitation, further supports its relevance to global clinical practice.

However, the impact of such initiatives will depend on their integration into broader health systems and their accessibility to underserved populations. Digital divides, variability in health literacy, and cultural differences in care practices remain important considerations. Future work should therefore prioritise implementation research, evaluation of functional outcomes, and adaptation to local contexts.

Nonetheless, the global release of this multilingual video series highlights an important shift in how rehabilitation can be delivered—moving from facility-based, resource-intensive models towards scalable, patient-centred approaches that extend into homes and communities. As the global burden of stroke continues to rise, the development and dissemination of such digital public goods may play a key role in reducing inequities in care and improving long-term outcomes worldwide.⁴

Declaration of interests

VLF is the founder and CEO of the New Zealand Stroke Education Charitable Trust, Auckland, New Zealand.

References

- 1 Feigin VL, Abate MD, Abate YH, et al. Global, regional, and national burden of stroke and its risk factors, 1990–2021: a systematic analysis for the Global Burden of Disease Study 2021. *Lancet Neurol.* 2024;23:973–1003. [https://doi.org/10.1016/S1474-4422\(24\)00369-7](https://doi.org/10.1016/S1474-4422(24)00369-7).

The Lancet Regional Health - Western Pacific 2026;69: 101859

Published Online xxx
<https://doi.org/10.1016/j.lanwpc.2026.101859>

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- 2 Stroke recovery videos. Available from: <https://www.stroke.net.nz/videoguide>. Accessed April 1, 2026.
- 3 World Health Organization. *Rehabilitation in Health Systems: Guide for Action*. Geneva: WHO; 2019. Available from: <https://www.who.int/publications/i/item/9789241515986>. Accessed March 28, 2026.
- 4 Feigin VL, Owolabi MO, Norrving B, et al. Pragmatic solutions to reduce the global burden of stroke: a World Stroke Organization–Lancet Neurology Commission. *Lancet Neurol*. 2023;22:1160–1206. [https://doi.org/10.1016/S1474-4422\(23\)00277-6](https://doi.org/10.1016/S1474-4422(23)00277-6).