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The Lancet Neurology

Introducing the International Stroke Recovery and Rehabilitation Alliance (ISRRA) --Manuscript Draft--

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Title: The International Stroke Recovery and Rehabilitation Alliance (ISRRA)

The global burden of post-stroke disability is increasing¹ despite advances in hyperacute and acute therapies. One-in-four adults will have a stroke and 63% of these will be in people under 70 years of age. Stroke is arguably a bigger global health problem than dementia. Increasing access to effective rehabilitation is a recognised global health priority,² particularly in low and middle-income countries (LMIC), with stroke identified in the top 10 areas for priority action. Optimising recovery requires both new, biologically-informed treatment approaches, as well as enhanced (high-dose, high-quality) delivery of training-based treatments that we already know work. Person-centred research priority setting exercises highlight current knowledge gaps and needs.³ Achieving advances has been difficult because stroke recovery and rehabilitation practice is complex; with multiple, interacting domains (e.g., motor, language, cognitive), disability levels (impairment, activity, participation) and individuals involved (patient, family, multi-disciplinary team). Our shared vision is *a world where global collaboration brings breakthroughs for people living with stroke*. Succeeding will require highly coordinated research efforts by international, interdisciplinary teams.

The Stroke Recovery and Rehabilitation Roundtable (SRRR), first created in 2016, and repeated in 2018, built consensus and aligned efforts for step changes in research and practice towards more ambitious goals. Our approach identified priority areas, created international, interdisciplinary, expert task forces who, together with junior faculty, worked over many months to identify and synthesise key concepts and consensus objectives. The approach worked. The recommendations from SRRR I included our first 2017 position paper⁴ and we have continued to create highly cited and impactful work to help guide research methods, research targets and clinical practice (see https://journals.sagepub.com/page/wso/srrr). After SRRR II, the need to transition from being a 'recommendation group' to the 'action group' for stroke recovery and rehabilitation was clear. The international Stroke Recovery and Rehabilitation Alliance (ISRRA) was formally endorsed in 2020.

We believe the greatest impact on the burden of post-stroke disability will come through building strong research partnerships that include people with lived experience of stroke. A key Alliance strategy is the establishment and support of topic-specific, strategic working groups, proposed, formed and run by ISRRA members, overseen by our Scientific Committee. Diverse in scope, examples include establishing the economic case for rehabilitation, creating criteria for Centres of Clinical Excellence. Exercise and frailty task forces are recent additions. Building impactful research Flagship projects in both high and LMIC, are a top priority. All working groups work to meet stated goals and objectives. This approach creates a dynamic Alliance that stays focused on achieving our vision. The roundtable process also continues. Consensus papers from SRRR III will be published in 2023.

Our membership includes the full array of clinicians and researchers with an interest in recovery, including acute stroke physicians and basic scientists from 36 countries. Our next step is to formalise the Alliance and continue to build and advocate for game changing research and innovation and the research funding to support these ambitious projects.

ISRRA is here, our Alliance is open to all, and our work has just begun.

https://strokerecoveryalliance.com/

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