

## Critical care in Africa: a new chapter begins



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### SUMMARY

- Africa is one of the poorest continents in the world and has immature critical care services compared to countries in the developed world.
- Critical care nursing leaders in the region have been on a 10-year journey to form a sustainable network and strategy to improve critical care.
- This paper tells the story associated with the formation and development of a multi-national critical care nursing organisation in the African region, which is now known as the African Federation of Critical Care Nurses.

### INTRODUCTION

*"In developed countries, care of the critically ill comprises a large proportion of health care spending; however, in developing countries, with a greater burden of both illness and critical illness, there is little infrastructure to provide care for these patients. There is sparse research to inform the needs of critically ill patients, but often basic requirements such as trained personnel, medications, oxygen, diagnostic and therapeutic equipment, reliable power supply, and safe transportation are unavailable. Why should this be a focus of intensivists of the developed world? Nearly all of those dying in developing countries would be our patients without the accident of latitude."*

(Fowler et al., 2008).

Africa, a continent accounting for approximately 20% of the world's land surface, comprises around 55 countries and has a population of 1.2 billion (16% of the world's population) with a median age of 19.7 years old (median age of world's population = 30.4 years) (United Nations Economic Commission for Africa, 2012).

Poverty, illiteracy, malnutrition, and inadequate water supply and sanitation, as well as poor health, affect a large proportion of the people who reside in the African continent. It has been reported that 80.5% of the sub-Saharan Africa population was living on less than \$2.50 (GDP per capital) per day in 2005 (Global Forum for Health Research, 2004).

In the US, the health care expenditure is approximately US \$7,000 annually per capita. In contrast, total annual expenditure on health in the vast majority of sub-Saharan African countries is under US \$25 per capita and often less than 3% of the total GDP of each country (Global Forum for Health Research, 2004). These figures indicate the disparities of a global '10/90 gap' which means that 10% of worldwide expenditure on health research and development is devoted to the problems that primarily affect the poorest 90% of the world's population (Global Forum for Health Research, 2004).

Critical care in many parts of Africa does not exist at all. In some major capital cities with better economic states, ICUs do exist, and critical care practice, research and professional activity is comparable to that in some other western economies (Williams et al., 2015). However, these examples are relatively rare in Africa, and the challenges for critical care development require the support from the rest of the world (Bhagwanjee, 2006; United Nations, 2012).

This paper tells the story associated with the development of a Multi-national Critical Care Nursing Organisation in the African region which is now known as African Federation of Critical Care Nurses (AFCCN). The learning lessons from this paper can inspire others to follow a similar journey despite difficult odds and challenges. We hope that one day critical care practice in Africa will be on a par with the rest of the world. The rest of the world now has a responsibility to assist in this noble goal!

### JOURNEY OF CRITICAL CARE NURSING IN AFRICA

The history of the establishment of a critical care nursing leaders and associations network in Africa is exciting. It was, and remains, very difficult to communicate, travel and make our way to conferences in remote regions of Africa due to the limited resources. A chronological history of some of the significant early meetings that connected many of the current critical care nursing leaders is provided below.

#### 2004, August

Critical Care Society of South Africa Annual Conference in Durban, South Africa. Ged Williams, President of WFCCN, was an invited speaker and orientated his colleagues to the activities of WFCCN which is other critical care societies of the world and advocates for

the need to find ways of connecting with African critical care nurses. He met Shelley Schmolgruber for the first time.

**2006, October**

National Association of Nurse Intensivists of Nigeria (NANIN) Conference in Kano, Nigeria. Ged Williams, President of WFCCN, was an invited speaker and orientated his colleagues to the activities of WFCCN. He met Halima Kabara for the first time (Kabara & Williams, 2006).

**2007, August**

The 4th Congress of WFCCN in Sun City, South Africa. The WFCCN Board under the leadership of President Belle Rogado facilitated a meeting for critical care nursing leaders from African and the world to discuss the need of establishing an African critical care nursing federation for the first time (Figure 1).

**2009, April**

The 1st Asian-African Conference of the WFSICCM in Dubai, United Arab Emirates. Ged Williams, President of WFCCN and WFSICCM Board of Directors, was the speaker and moderator at this event and met medical and nursing leaders from Africa, south Asia, and the Middle East to further explore opportunities for establishing a future federation/network in Africa. The Emirates Critical Care Conference and its host Dr Hussain Al Rahma would become the hub for planning many more meetings to drive and facilitate the formation of an African network of critical care nurses in future.

**2013, August**

The 9th Scientific Conference of the National Association of Nurse Intensivists of Nigeria (NANIN) Conference in Calabar, Nigeria. Nursing leaders from Nigeria and Ghana met to explore the possibilities of a west African network of critical care nurses sponsored by WFCCN and AstraZenica.

**2013, August**

Cameroon Association of Critical Care Nurses Conference in Bamenda, Cameroon. Ged Williams, Founding President of WFCCN, was an invited speaker and orientated his colleagues to the activities of WFCCN which is other critical care societies of the world and advocates for the need to find ways of connecting with African critical care nurses. He met Nhogwaichu Daniel for the first time (Nhogwaichu et al., 2014).

**2013, August-September**

World Congress of Critical Care: the 10th Congress of WFSICCM, the 9th Congress of WFCCN in Durban, South Africa. The WFCCN Board under the leadership of President Ruth Kleinpell facilitated a meeting for leaders of critical care nurses from African and the world to discuss the need for establishing an African critical care nursing federation for the second time.

**2016, April**

The 12th Emirate Critical Care Conference in United Arab Emirates. The Emirates Nursing Association, Critical Care Nursing Society was established and hosted a meeting with many critical care nursing leaders from Africa being involved. There was an agreement to use this venue as a meeting place for African and other critical care nursing leaders for the next few years to strengthen collaboration and activities in the region.

**2016, November**

The 15th Anniversary Conference of Agha Khan University- Johnson & Johnson Partnership in Nairobi, Kenya. Ged Williams, Founding President of WFCCN, was an invited speaker and orientated his colleagues to the activities of WFCCN which is other critical care societies of the world and advocates for the need to find ways of connecting with African critical care nurses. He met the members of the Kenyan Association of Critical Care Nurses for the first time.

**2016, November**

The 2nd Ghana Critical Care Nurses Association Conference in Accra, Ghana. Ged Williams, Founding President of WFCCN, was an invited speaker and facilitated a meeting for critical care nursing leaders from Ghana, Nigeria, Cameroon, Kenya, Uganda, and Sierra Leone (The African Worriers) (Figure 2). Ged William met Cliff Aliga for first time and they agreed to hold the 3rd Regional African Critical Care Conference in Uganda in October 2017. They agreed to meet in Dubai next year to create a draft constitution and operational plan and to launch the African Federation of Critical Care Nurses in Uganda in late 2017.

**2016, December**

Cliff Aliga, one of the only 10 critical care nurses in Uganda, launched a move to mobilise practicing nurses working in the 33 beds of ICUs in Uganda (Kwizera et al., 2012) and formed the Critical Care Nursing Association of Uganda (CCNAU). The CCNAU hosted a very successful conference with an important "Kampala Declaration on Sepsis in Africa" in October 2017 in Kampala, Uganda (Nsutebu and Kellett, 2018). The CCNAU has grown to establish partnership with the Infectious Disease Institute (IDI) in Uganda to provide CPD and develop a quality improvement initiative for the nurses in 2018.

**2017, April**

The 13th Emirates Critical Care Conference in Dubai, UAE. The African worriers and Ged Williams met again and drafted the AFCCN constitution and operational plan 2017-18 (Figure 3). The schedule of conference to launch AFCCN (October 18-29, 2017, Kampala, Uganda) was confirmed.

**LAUNCHING THE AFRICAN FEDERATION OF CRITICAL CARE NURSES**

The first official African Federation of Critical Care Nurses Congress was held in Kampala, Uganda on 18-20 October 2017. The conference platform was shared with the African Sepsis Alliance. A meeting facilitated by Ged Williams, Founding President of WFCCN, and witnessed by current President Paul Fulbrook with members of the African Warriors, elected the founding board of AFCCN (Figure 4):

- President: Cliff Asher Aliga (Uganda)
- Vice President: Faustina Adipa Excel (Ghana)
- Secretary: Ntogwaichu Daniel (Cameroon)
- Treasurer: Michael Mboga Odoyo (Kenya)
- Director of Communication & Media: Halima Kabara Salisu (Nigeria)

The operational plan developed in April 2017 was used to guide the team to successful completion of key tasks leading up to and beyond the launch of the AFCCN (Table 1). The launch of conference in Kampala also incorporated many members of the

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African Sepsis Alliance, and a strong and positive relationship had been formed between the two organisations. Members agreed to hold the 2018 AFCCN Conference in Mombasa, Kenya will be a co-sponsored conference with the African Sepsis Alliance 3-5 October 2018.

A number of the Board members of AFCCN and ASA are shared between both organisations, further cementing the bonds and communication between two organisations.

Since the launch of the AFCCN, the African worries continue to communicate daily via WhatsApp and through the Facebook and website.

**MOVING FORWARD**

Building on the partnership with ASA and WFCCN, AFCCN participated in developing, signing and disseminating the declaration of Kampala, a document designed to bring attention to the scourge of sepsis on African communities and the need to mobilise attention and resources globally to help tackle the problem of sepsis in Africa (African Sepsis Alliance, 2018). AFCCN leadership members also participated in the ASA conference and meetings in Khartoum, Sudan, and helped to formulate the Khartoum document that pledged to encourage the African Union to support a sepsis conference for African Ministers of Health with the support of the Sudanese, African, and Global Sepsis Alliances and the WHO (African Sepsis Alliance, 2018).

The AFCCN/ASA conference and meetings in Mombasa in October 2018 will bring many more critical care nursing leaders from across Africa under this joint forum to strengthen the membership and possible actions through a shared mission and governance to improve healthcare and life in Africa.

The AFCCN member organizations have embarked on a series of activities and initiatives to spread new agenda to strengthen critical care in Africa. The CCNAU is strengthening the capacity of nurses to assess and screen patients for sepsis which is a common illness contributing to large portion of death in Uganda. The Critical Care Nursing Association of Ghana plans to induct new members into the group in March, followed by a workshop in May and a symposium in September 13th to outreach and visit the country to increase awareness of the importance on sepsis management. The National Association of Nurse Intensivist of Nigeria (NANIN) has been one which is most actively involved in organizing national conference in partnership with many organization including AstraZeneca and WFCCN.

**CONCLUSION**

The difference in latitude, culture, colour, and birthplace have been excuses to allow people to ignore the plight of communities in resource limited countries. African and other resource-constrained critical care nursing organisations need to be triage as one category if they are going to be a sustainable resource to lead and drive healthcare improvement and reform in their regions. Creation of regional critical care nursing federations in Europe, Latin America, Asia and now Africa has enlightened and inspired many critical care nurses to share their unique culture, support linkages among nurses across countries and continents to make a significant contribution to critical care practice globally. We are hopeful that critical care nursing in Africa under the leadership and guidance of AFCCN will grow from strength to strength and ensure a professional environment to inspire many new leaders to follow.

Figure 1. First meeting of WFCCN Board and African critical care nursing leaders, South Africa, 2007



Figure 2. Ged Williams and the African Warriors establish a plan, Ghana, November 2016



Figure 3. The African Warriors and Ged Williams draft the AFCCN constitution at ECCO, Dubai, UAE, April 2017



Figure 4. The newly elected AFCCN executives (sitting from L to R): Hallima S.K, Faustina A.E, Alliga C.A, Daniel N and Michael M; standing extreme left, Paul Fulbrook (President WFCCN), extreme right, Gerald William (Founding President WFCCN) during the 3rd Regional Conference (held in Kampala, Uganda) together with country representatives from Cameroon, Ghana, Nigeria, Kenya, Liberia, Uganda and Sierra Leon. Photo by Rose Nakame



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