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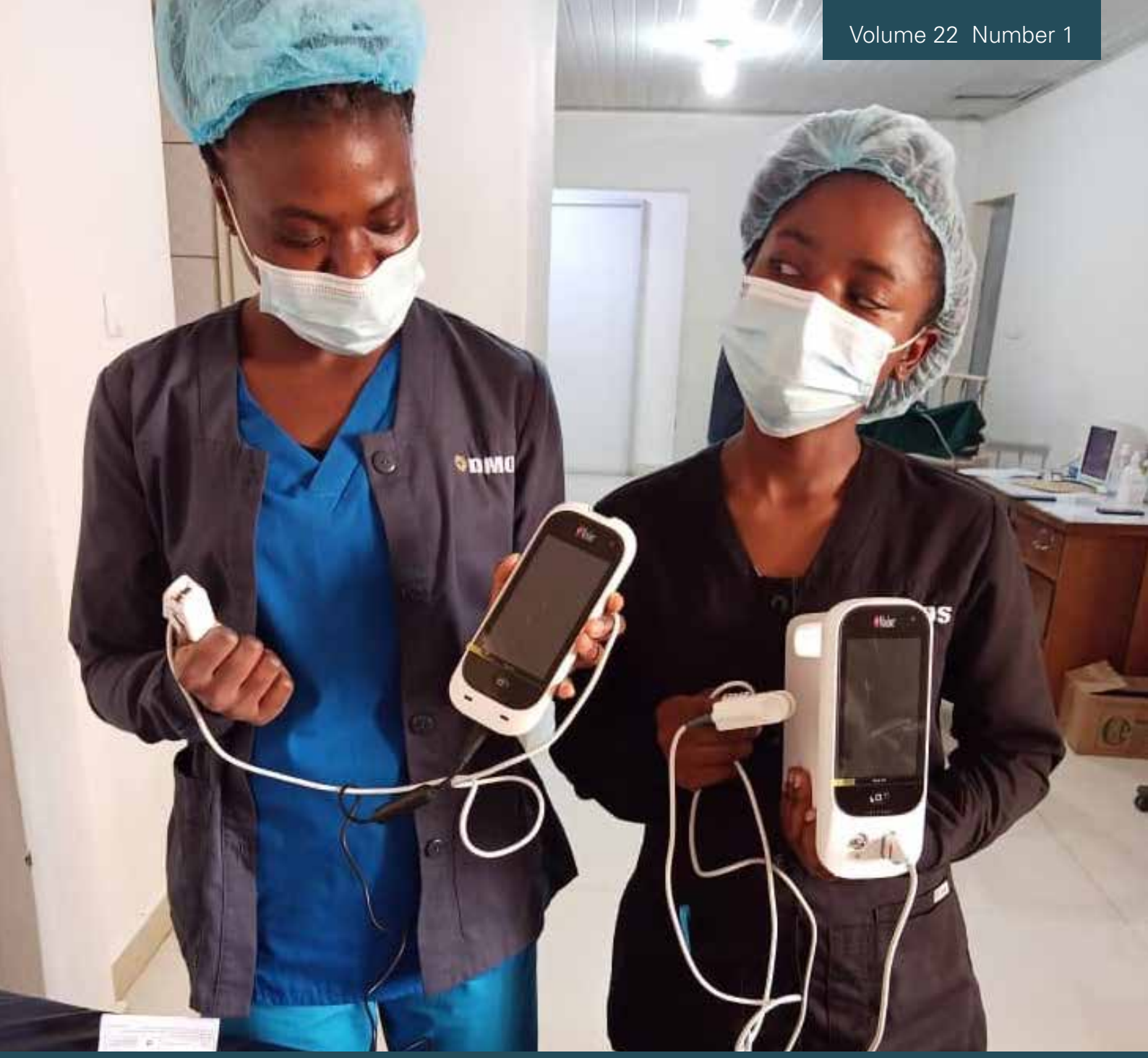

world anaesthesia news

supporting anaesthesia in resource-poor settings

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In this issue:

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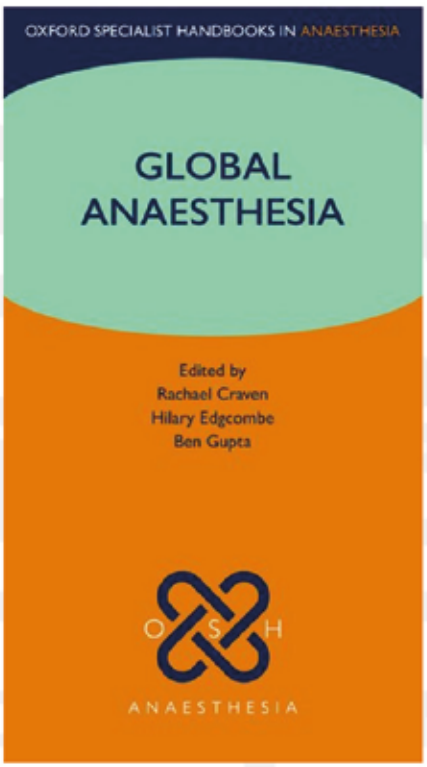
WORLD ANAESTHESIA

NEW FROM OXFORD MEDICINE

Global Anaesthesia

Edited by **Rachael Craven, Ben Gupta,** and **Hilary Edgcombe**



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FUTHER DETIALS ON SPEAKERS TO FOLLOW.

world anaesthesia news

supporting anaesthesia in resource-poor settings

Contents

Welcome to
world anaesthesia news
supporting anaesthesia in resource-poor settings

Welcome to the 2022 edition of World Anaesthesia News. It has been a year since the previous edition of World Anaesthesia News where there remained a focus on the Covid-19 pandemic. This challenging time with restricted travel and pushed resources brought along with it much concern about maintaining the global partnerships that have been contributing to improvements in surgical and anaesthesia care.

This latest issue aims to highlight, via some examples, that these partnerships continue to exist and grow to the benefit of anaesthesia development worldwide. This includes, in the forced absence of travel, the further development of remote, virtual and local partnership work.

We start with the Essential Emergency and Critical Care network. This network is an excellent example of how collaboration can be developed via virtual connections to share knowledge and resources for the development of location-appropriate critical care. This virtual aspect of partnership development is further explored by the Zambia Anaesthetic Development Partnership with an article outlining the remote fellowships that have been very successfully implemented. A published letter from this group also is an example of the importance of targeted advocacy in the partnerships that are developed.

Following this, we explore different partnerships across the world that emphasise the importance of sustainable training and teaching-based collaboration. These include a partnership between teams from Spain and Niger and teams from the UK and India.

We then move on to an article from a group based in Cameroon that reaches out from urban areas to rural areas within Cameroon. This provides an important example of in-country, locally driven partnership and anaesthesia development.

Our final article comes from the Safe Anaesthesia Worldwide group and along with a description of their work provides opportunities for further involvement.

Many thanks to all who contributed to this latest issue. We hope you enjoy this latest edition and can find further inspiration or ways to be more involved via the articles or adverts displayed. If there is any work you are doing yourself that you would wish to publicise further or a point of view you would like to express, please get in touch via the email address below.

Ryan Ellis
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The newly opened ICUs in Cameroon

Essential Emergency and Critical Care: Improving the care of all critically ill patients worldwide

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INTRODUCTION

Critical illness results in millions of deaths throughout the world[1]. There are an estimated 45 million cases of critical illness globally each year and 8.6 million premature deaths occurred in low-income and middle-income countries from causes that should not occur in the presence of timely and effective healthcare[2]. Care for those with critical illness is often neglected due to a lack of prioritization, coordination, and coverage of timely identification and lifesaving treatments[1]. The vast majority of critically ill patients are cared for in emergency units and general hospital wards, rather than in intensive care units.

Improving the care provided to these critically ill patients is urgently needed to reduce mortalities. When resources are limited, intensive care units with complex, expensive monitoring and supportive equipment providing advanced care with large numbers of highly trained staff are unlikely to be feasible to scale up to all, and alternative approaches are required. In this article, we describe a recently developed approach, Essential Emergency and Critical Care.

Clinical staff during 2021 EECC training in Cameroon

Essential Emergency and Critical Care

Critical illness, in its broadest definition, is any immediately life-threatening, reversible condition. It can occur in any ill person and can start in the community or hospital and does not respect the underlying pathology or divisions in medical specialties. Essential Emergency and Critical Care (EECC) has been developed with this definition in mind as "the care that all critically ill patients should receive in all hospitals in the world" (1). EECC is the lifesaving, cost-effective, first-line care to all critically ill patients irrespective of age, underlying diagnosis, medical specialty, or location in the hospital. It can be seen as a horizontal (severity-related) approach rather than a vertical (diagnosis and specialty-related). EECC has the principle of equity at its core – an approach to ensure that all patients receive this fundamental level of care and should be an integral part of Universal Health Coverage.

The Content of EECC

In 2021, the content of EECC was defined in a global consensus. A total of 269 clinicians, researchers, and policymakers with expertise in the management of critically ill patients from all over the world reached a consensus on the 40 clinical processes that comprise EECC (3). The clinical processes are based on the need for timely identification and treatment of all critically ill patients and are organized in the classic ABC of airway, breathing, and circulation. They include the use of vital signs for triage and regular monitoring, nursing unconscious patients in the lateral position to maintain a free airway, treating hypoxia with oxygen, and shock with intravenous fluids. In addition, the 66 resources required for hospitals to be ready to provide this care were specified: including equipment such as pulse oximeters, supplies such as oxygen masks, human resources, infrastructure, and guidelines.

Research in EECC

To fill the existing knowledge gaps, a research agenda has been developed around EECC. In the past two years, this has been conducted through the Wellcome Trust funded POETIC (Provision of Essential Treatment in Critical Illness) project. Preliminary findings from the study sites in Kenya and Tanzania are highlighting the gaps in the provision of emergency and critical care in hospitals, and that EECC has the potential to be a low-cost and cost-effective approach for improving care.

The EECC Network

A global network of clinicians, researchers, policymakers, and other stakeholders interested in EECC has been created at **www.eeccnetwork.org**. The EECC Network aims to share experiences and insights, keep the members updated and alerted about opportunities for implementation and knowledge generation, and work towards the vision that "no one should die in hospital of a cause that EECC could prevent."

Case Study: Improving emergency and Critical Care in Cameroon

Data on the burden of critical illness in Cameroon is limited, but almost one-in-five cases presenting to Yaounde central hospital are critically ill, with a substantial burden of trauma and surgical emergencies. There is a huge lack of human resources in critical care and limited training opportunities in Cameroon. Most hospitals do not have intensive care units. There are big gaps in the recognition and management of critically ill ward-based patients in hospitals. Previous efforts to use modified early warning and treatment protocols unfortunately failed after initiation by Leva et al, 2009.

In 2011, a project was implemented in three hospitals, "Improving recognition and management of the critically ill ward-based patient", that included focused hospital training, collection of basic data on morbidity and mortality from critical illness, and advocacy to promote basic care of the critically ill patients in designated areas of the hospitals using available resources. In 2019, following the development of EECC, its name was changed to, "Essential emergency and critical care; From concept to implementation in resource-limited settings".

The POETIC team in Dar es Salaam, 2022 (photo Ifakara Health Institute)

The project is implemented in five hospitals concurrently, partnered with the Cameroon Association of Critical Care Nurses. The main components include:

1. **Training**: A syllabus of EECC that includes 80 hours of lectures, 18 thematic blocks, 48 learning units, and completion of two written exams for certification. There were 217 candidates recruited for training in 2021. The candidates included 17 medical doctors, 50 nurse anesthetists and 150 nurses. In total 146 completed the course.
2. **Research**: Data is being continuously collected for all aspects of critical care including the hospitals' readiness to provide EECC, a critical illness registry including the burden of critical illness, and the impact of the implementation of EECC on patient outcomes. This continuous data is collected every four months to guide the implementation of EECC in Cameroon.
3. **Establishing critical care units**: Advocacy, reorganization of available resources and mobilization of resources have led to the establishment of three new intensive care units in Cameroon in 2021. EECC is seen as the connection that will make intensive care units more useful by facilitating early identification, early life saving treatments, and referring patients early to the intensive care unit when need be. It is also vital that EECC is conducted alongside more advanced critical care in the intensive care units.
4. **Mentorship**: A team of local mentors is in place supporting those trained to practice what they learned in their hospitals. This is done through a partnership with organizations and hospitals

Conclusion

EECC is a newly defined approach with enormous potential for improving the care of critically ill patients and saving lives throughout the world. Work to increase the coverage of EECC has started in Cameroon. The EECC Network has been established, and we welcome everyone interested in improving global critical care to join us in this movement.

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EECCnetwork
Essential Emergency & Critical Care

Join the EECC Network!

EECC – Essential Emergency and Critical Care – is the care that all critically ill patients should receive in all wards in all hospitals in the world. EECC consists of 40 pragmatic and low-cost treatments and actions, such as triage, monitoring, patient positioning, oxygen, and IV. Fluids.

EECC is often neglected due to a lack of prioritisation, coordination, and an emphasis on specialized, high-tech care.

The EECC Network is a community of clinicians, researchers, policymakers, and the public who want to improve the care of critically ill patients worldwide.

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Remote teaching Zoom

Zambia Anaesthetic Development Partnerships: The benefits and challenges of a remote fellowship

Holly Eadsforth[1], Laura Bond[1], Mutande Chisanga[2]

[1]UK anaesthesia trainee, ZADP remote teaching fellow

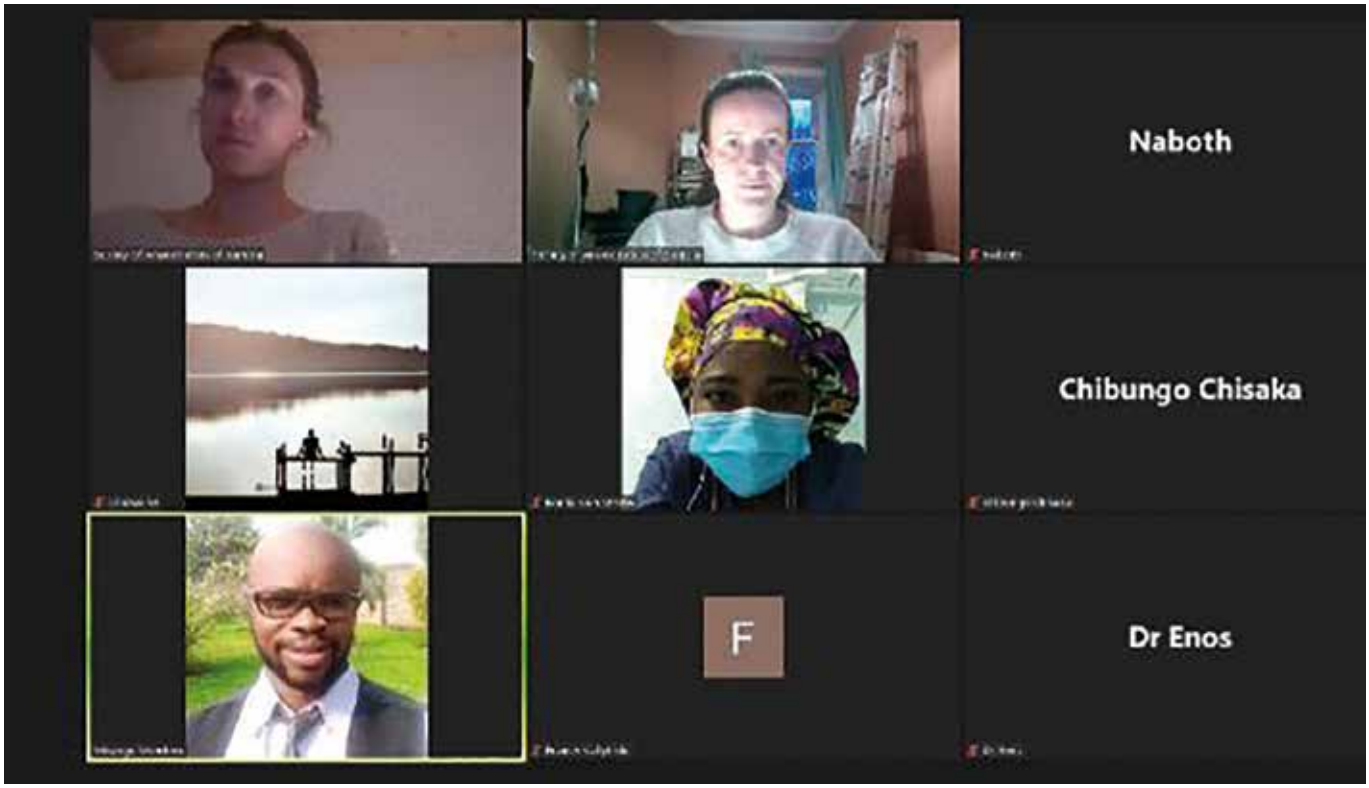
[2]Zambian anaesthesia trainee

INTRODUCTION

The global impact of the Covid-19 pandemic is something that all anaesthetists are acutely aware of. Global health partnerships have been required to provide a flexible response to new challenges within healthcare systems and restrictions to international travel. The Zambia Anaesthetic Development Program (ZADP) has been supporting anaesthetic training since 2012, in partnership with the Society of Anaesthetists of Zambia (SAZ). Seeing the impact of the pandemic in a setting with limited oxygen supplies and delivery systems, the #takeadeepbreathcampaign was launched, which raised over £23,000 in donations and grants to upscale oxygen capacity in Zambian hospitals.

Locally developed respiratory failure training videos were created in response to rising awareness of the lack of education provided to healthcare professionals managing patients with respiratory failure[1].

International travel restrictions have meant that in-country volunteering was suspended. The returning fellows, therefore, turned to online video conferencing to continue to support anaesthetic training in Zambia. In 2021 the online teaching support was formalised into a remote teaching fellowship, to which seven fellows have been appointed over the past year. The Zambian Anaesthetic Syllabus closely aligns with the FRCA Curriculum. This means that Zambian trainees and remote



Remote teaching Zoom

fellows can explore topics together and discuss these in relation to their clinical experience in different settings. Other educational opportunities include viva practice, morbidity and mortality meetings, and journal club. These sessions are also regularly joined by consultant colleagues from Zambia and the UK which is valuable in providing a greater level of experience and expertise for us to learn from. In addition, a peer mentorship programme has been set up, pairing each Zambian trainee with a remote fellow. The goals are to deliver support with educational resources, offer advice for quality improvement and research projects, and to provide an opportunity for one-to-one discussions and wellbeing support. The latter has helped to develop a more personal connection despite the geographical divide dictated by the global pandemic.

Overall, the experience of working as remote education fellows have provided fellows with an opportunity to reflect on some of the implications of remote working, the importance of global health partnerships and the impact of health inequity.

Remote working

Many organisations have used remote working to overcome restrictions during the pandemic and have found significant benefits in doing so. ZADP is no exception to this. For those wishing to take part in global health initiatives, the prospect of uprooting their lives for an in-country fellowship can be prohibitive. Commitments at home can prevent participation, and there can be a sense of guilt attached to stepping out of training. Remote teaching fellowships can neatly side-step these problems. Not only do they open opportunities for those unable to leave their country of residence, but they also offer the chance to gain many of the benefits afforded by a global health fellowship in a safe manner. There may be significant anxiety associated with clinical expectations of a trainee working outside of their usual setting in another country where practices, management and supervision levels may be vastly different. Travel is famously known for broadening the mind and this can be seen as a unique benefit to participation in global health initiatives. Moving towards a time when international travel is opening up, however, a hybrid of remote and in-country fellowships would offer greater choice to those participating.

Remote education has its own set of benefits and challenges, which may be felt more acutely within the setting of LMICs. Continuing to live in one's country of residence allows ongoing access to resources, not only of written or educational resources but to that of colleagues also. The use of technology means that sessions are easily recorded and can be used for reference. Technology can be used to negate physical distance, for example, remote teaching connections have been created between Lusaka and Ndola hospitals in Zambia. Despite this, remote education is not without its challenges.

Laura: "Having previously worked as a face-to-face teaching fellow for medical students in the UK, I have learned a lot from adapting to a remote teaching fellowship. Certain topics such as equipment become problematic to conceptualise without props. Certain teaching styles which I have previously relied upon such as simulation become difficult. I have found that I have had to learn to be very flexible with how some topics are taught, utilising videos, case studies and

group discussions, which has been highly effective."

Feedback from Zambian anaesthetic trainees has also reflected this mixture of benefits and drawbacks.

Mutande: "I enjoy the remote ZADP classes because they allow me to interact with my classmates regardless of their location. Remote learning has made it easier for me to attend lessons at any place since I can access the classes on Zoom. However, episodes of internet failure and difficulty attending class if we are still in theatre have been some of the challenges we face as trainees. Overall, the ZADP remote learning is highly beneficial to my learning."

Global Health Partnerships

Global health partnerships are advocated in UK health policy as having a key role in international health development as well as offering several potential benefits to the NHS[2,3]. The RCOA is also strongly supportive of anaesthetists working in a global health context to back high-quality anaesthetic training and standards as well as bi-directional learning[4]. The concept of "partnership" describes a complex and nurturing relationship which involves significantly more than just logistical support. Key elements of a strong partnership include local ownership, sustainability, mutual benefits, and mutual accountability. Working as a remote education fellow with ZADP has provided an opportunity to experience the practical application of these aspects of the partnership. The teaching curriculum is led by consultants from SAZ who organise the anaesthetics specialist training programme in Zambia. The frequency and format of sessions have been redesigned around regular trainee feedback. In terms of sustainability, Zambian trainees take a lead role in organising journal club and M&M meetings and there is a strong feeling that this partnership is about building capacity for educational opportunities rather than just filling a gap. In the recent primary exams, first-year trainees achieved a 100% pass rate, a major achievement celebrated by all at ZADP. Six Zambian trainees have also had the opportunity to present their work at international conferences.

Holly: "As a UK trainee I have academically benefited from working in this role by having the opportunity to revise key topics from the FRCA curriculum with Zambian colleagues. The relevance of some primary topics also finally seems relevant (halothane!). The sessions are well attended and trainees from both countries work hard, ask questions and share personal experiences. I also really appreciate the efforts ZADP has taken to formalise this post, including the allocation of an educational supervisor (who can engage in workplace-based assessments on teaching), and regular meetings. In other global health posts, I have had concerns about whether these experiences will be looked on favourably during UK job applications and had difficulty explaining what my role had entailed. These measures not only help UK fellows feel supported but also help with accountability for our involvement."

Health inequity

Global health partnerships offer a perspective on health inequity. Not only does this allow an opportunity to sample a different culture and approach to sometimes familiar problems, but also helps give an appreciation of the resources we have available to us in high-income countries. During the pandemic, oxygen was a commodity frequently in short supply in Zambia, and often a limiting factor in treatment. This was at a time when funding for international aid was drastically cut by the UK and a time when this support was needed the most[5]. Morphine is not a drug that Zambian anaesthetic trainees can always guarantee having access to, and capnography is reserved for only certain cases. These are facts that are often difficult for a UK trainee to grasp and may take slightly longer to process when direct face-to-face work is not taking place.

Laura: "Experiencing how hard the Zambian trainees work despite low resources is incredibly humbling. Their motivation and dedication are inspiring. However, being limited to remote interaction means that it is sometimes more difficult to appreciate the reality. For example, when I first started with ZADP I delivered half a teaching session on peripheral nerve stimulators before realising this is not something they have access to! Using the experience of other remote fellows who have spent time in-country has been key and remote technology has made interacting with other colleagues all over the world much easier."

Insights into less commonly seen aspects of anaesthesia are bidirectional, however, and on offer is the opportunity to gain insights that trainees in the UK usually do not have access to. Learning first-hand about complications of infectious tropical diseases or anaesthetic considerations in sickle cell are rare opportunities. The approach to resource shortages shown by the Zambians is often innovative, demonstrating flexibility and practical application of science that we rarely need to consider in the UK. One example of this is considering the use of alternative preparations such as TPN when intralipid is not available for the treatment of local anaesthetic toxicity.

Despite the health inequity, similarities are not hard to find. Delivering a high standard of care, ensuring patient safety and demonstrating empathy for patients are top priorities for all anaesthetists. Division of commitment between theatre time and teaching is a common conflict felt by trainees in both countries.

Being part of a global health partnership is an eye-opening and valuable experience. Participating remotely offers unique benefits to both sides of the partnership, but the experience is not without challenges. In the future, a combination of remote and in-country fellows could offer the opportunity to overcome many of these challenges while maintaining the benefits discovered by ZADP during this time working remotely.

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23 August 2021

Dear Secretary of States,

We write with considerable concern about the current situation regarding essential healthcare and the pandemic in Zambia, Kenya, Uganda and other low and middle-income countries (LMIC), and urge the UK government to actively increase its support in managing this through ensuring increased global access to COVID-19 vaccines and in reversal of the recent loss of significant UK aid funding.

We are a royal college, professional associations, and charities representing UK anaesthetists working in the NHS. UK anaesthetists have a long history of supporting the development of safe surgery and critical care overseas. Through international partnerships, anaesthetists have been using their knowledge and skills to support pandemic management worldwide.

As we write, many LMICs globally have recently experienced their highest daily positive COVID-19 cases and mortalities since the pandemic began[1], including Zambia, Uganda and Kenya. In many countries, multiple hospitals including COVID-19 centres report they are unable to take any further admissions, there are no remaining critical care beds nationally, oxygen capacity and delivery devices are depleted, and mortuaries are full. Colleagues have reported that young patients including pregnant women and healthcare workers seem to be at greater risk of death than seen previously. The strain and surge has debilitated hospitals, suggesting that there is a real risk of a complete collapse of multiple health systems.

Despite these vulnerabilities, high-income country engagement in COVAX and other initiatives to provide vaccine access in LMICs has been insufficient for effective vaccination programmes to have been implemented[2,3]. Large outbreaks lead to new variants, often more transmissible and virulent, and resulting in higher numbers of critically unwell patients. We have already seen these variants of concern reach the UK causing local outbreaks and again greater pressure on the NHS.

We are also gravely concerned about the impact of reduction in overseas development aid. It is reported that funding from the UK for international development has fallen by 65% to Africa, and similar amounts to other global regions[4]. The abrupt withdrawal of current UK Aid programs has already reduced the capacity of health systems to provide essential care and will result in global regression against the UN sustainable development goals, of which the UK are a member state.

Pandemic management in the UK requires every country in the world to be able to effectively manage outbreaks and case numbers. This in turn needs strong, resilient health systems able to provide COVID-19 vaccination programmes, successful public health information, and deal promptly and effectively with outbreaks. Health systems must also be able to provide essential hospital care in a way that does not increase the risk of hospital-acquired COVID-19 infection for patients and staff. It is these healthcare systems, at risk following loss of UK Aid funding, which we in the UK are depending on to ensure global outbreaks are well managed.

The UK has a significant role to play in preventing the emergence of new variants and ending this pandemic globally. We urge the government to provide more doses of the COVID-19 vaccine to low- and middle-income countries, to urgently reverse the decision to cut UK aid funding, and to use its position on the international stage to improve collaborative working with LMIC governments in the management of this pandemic. Until every country in the world

[1]WHO Coronavirus (COVID-19) dashboard. Available at: https://covid19.who.int/table
[2]Ghebreyesus TA. I run the WHO and I know that rich countries must make a choice. The New York Times, 2021. Available at: https://www.nytimes.com/2021/04/22/opinion/who-covid-vaccines.html
[3]Harman S, *et al. BMJ Global Health* 2021;6:e006504
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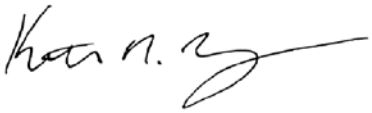
has vaccination programs and systems able to manage outbreaks, the health of the people of the United Kingdom continues to remain at greater risk from COVID-19.

Yours sincerely,

Professor Ravi Mahajan
President, The Royal College of Anaesthetists

Dr Ann Harvey
Chair, International Relations Committee,
Association of Anaesthetists

Dr Dylan Bould
Chair, Global Anaesthesia Development Partnerships



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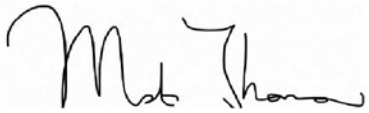

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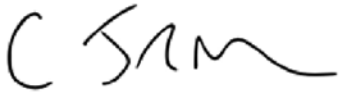

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[4]African Countries facing 66% cut in aid, UK charities say, The Guardian, 2021. Availability at: https://www.theguardian.com/politics/2021/apr/28/african-countries-facing-66-cut-in-uk-aid-charities-say?CMP=Share_iOSApp_Other

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Sustainable Global Surgery

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Niger - Teaching Session

Establishing a training partnership for specialists in anaesthesia, resuscitation and surgery in Niamey, Niger

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On 12 March, six Spanish medical specialists landed in Niamey, Niger, to undertake theoretical and practical training at the National Hospital and the Faculty of Health Sciences of the Abdou Moumouni University of Niamey, Niger. For many of them, it was not the first time they had travelled to Niamey for this training, and after a break due to COVID-19, they were eager to return to this Sahel country.

The National Hospital of Niamey (HNNN), created in 1922, was built with 1,000 beds and a centre for health education at all levels. One hundred years later, six Spanish doctors, one of them working as a Senior Clinical Fellow in Intensive Care at Barts Health NHS Trust in London, entered the doors of the HNN to take part in the educational process offered by the centre. For a week, they left behind the hospitals where they work in Spain and the United Kingdom to become teachers to more than 200 Nigerian students. Thanks to this project, funded by the Spanish Agency for International Development Cooperation (AECID) and implemented by the CSAI Foundation (State Foundation Health, Childhood & Social Welfare) of the Spanish Ministry of Health, the aim is to strengthen the capacities of Niger's national health system by training specialist doctors. This is due to the importance given to the theoretical and practical training of doctors in different specialities to contribute

to the full development of the Niger Health System and, consequently, to access quality health care.

The courses that doctors and residents from Niamey and other parts of the country could take part in were: trauma life support, anaesthesia in thoracic surgery, cardiopulmonary resuscitation, teamwork, ultrasound in anaesthesia and resuscitation, and cardiopulmonary ultrasound for critically ill adults. The arrival of Nigerian doctors from outside the capital meant that the exchange of knowledge and experience between doctors and residents from Niamey and other parts of the country was a great success.

The training courses were mainly aimed at anaesthetic and surgical trainees, but the classrooms were also attended by paediatricians, traumatologists, anaesthetic technicians and general practitioners. Dr Chaibou is the anesthesiologist and coordinator of the project in Niamey.

Historically, Niger has has to deal with multiple and varied epidemics: meningitis, cholera, measles, polio, and diphtheria. Not to mention malaria, the recent COVID-19 and the floods suffered during the rainy season, all of which are currently compounded by the context of insecurity due to terrorism. This makes simple access to health care in Niger a real challenge.

The project in question was initially intended to provide anaesthesia, cardiopulmonary resuscitation, and surgical training, as it is one of the fundamental pillars for achieving universal health coverage. However, this mission has included other training courses in addition to those specialised in these fields

The first mission was in 2019, and from there arose the interest in Niger's medical residents learning Spanish so that in the future, they can carry out internships in hospitals in Spain.

Although there is no official data, one of the anaesthetic trainees, Saratou, confirmed that there are only around twenty anaesthetists in the whole country. "It is very important to have access to quality education in medicine to be better trained, especially in anaesthesia. An exchange like this makes us see other realities and helps us become better professionals", said Saratou, who never misses a Friday Spanish class at the National Hospital, hoping to continue his training in Spain.

The same group of Spaniards stated that they were the ones who were learning the most from Niger's experiences. In Niger's emergency rooms, they encounter patients who have suffered from the terrorism that plagues the country. Despite the difficulties and shortcomings, they may meet daily, the Nigerien doctors face challenges that the Spanish doctors, fortunately, do not usually encounter.

Niger - Echo teaching

The mutual learning in medicine between Spaniards and Nigerians began in 2019 and three years later, it has become more than just learning and teaching. It was noticeable that this was the third time the Spanish team had visited the country. The students had been looking forward to this training for months, and before their departure, they were already organising the next visit. Sharing knowledge and experience is palpable in any field, regardless of country and language. As Dr Chaibou said when the training was closed: "We are together. We are neither Spanish nor Nigerien, we are citizens of the world".

Niger - Combined Spanish and Niger teams

Dervan - Education lecture to staff

Anaesthesia Fellowship: BKL Walawalkar Hospital, Dervan, India

Abigail Harper[1], Anna Wilkinson[1], Madeline Storey[1], Sara Scott[1], Asmita Karnalkar[2], Sanjay Deshpande[3]

[1]UK anaesthesia trainee, previous Dervan anaesthesia Fellow

[2]Professor of Anaesthesia, Walawalkar Medical College and Hospital, India

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BKL Walawalkar Hospital is situated in the rural village of Dervan, Maharashtra, India. Dervan is situated 180 miles south of Mumbai and is accessible by road or rail. The hospital has 450 beds and 12 operating theatres. Multiple surgical specialties are working within the hospital, and these include general surgery, urology, ENT, orthopaedics, ophthalmology, and obstetrics & gynaecology. Paediatric surgery is also conducted to manage emergency cases. The workload varies but on average 18 to 20 cases are carried out per day within the operating suite.

The hospital has an established partnership with surgical and anaesthetic teams, based in the North-East of England, and has hosted these teams annually since 2006. Each visit lasts for one week and consists of a mix of theatre work, multi-disciplinary team education and the opportunity for case-based discussions for complex or unusual cases. The UK teams liaise with the BKL Walawalkar team in advance to plan cases and ensure focused and useful training during their limited time together. Since the pandemic, there has been a pause in the annual team visit however links have been maintained in the form of a virtual academic teaching programme whereby online seminars have been

Dervan - Visiting fellow assisting in case preperation

delivered by the UK team based on the learning needs of the Indian team. Daily teaching sessions were scheduled with key topics from radiology, critical care, orthopaedics, general surgery and organ donation being covered. Teaching topics were selected after discussion with the head of the department in Dervan. A webinar platform was created to enable speakers to remotely deliver their sessions via live stream tutorials. All teaching was made available on YouTube for those unable to attend. This work received excellent feedback and was accepted as a poster for AAGBI Winter scientific meeting, in January 2022.

Anaesthetic trainees have had the opportunity to accompany consultants on these annual visits and this has allowed them to experience a different healthcare system and given them a taster of what an out-of-programme post might look like in this setting. In 2018 two UK trainee anaesthetists spent three months working in Dervan as part of an out-of-programme experience.

Following their positive experience, in 2019 the Royal College of Anaesthetists (RCOA) approved a global anaesthesia partnership and advertised placements for post-CT2 and post-CCT anaesthetists who wished to spend time working in a rural setting.

As part of the out-of-programme experience, there are plenty of opportunities for quality improvement projects. One of the first projects to be completed by visiting anaesthetists was focused on improving adherence to preoperative fasting guidelines before elective surgery. This was a multifaceted approach which included producing an educational video for both healthcare professionals and patients, developing posters to display key information on surgical wards and ensuring information was available in both Marathi and English language. A key element of this project was the partnership with local medical and nursing staff to maximise engagement and improvement. Recent data collection from a sample of 72 patients demonstrated an improvement in median fasting time from 11.75 hours down to 7.5 hours. This work was published in International Anaesthetist, February 2020 issue. Work is ongoing to maintain and build upon these improvements.

Opportunities for work in Dervan are not limited to anaesthesia. The Royal College of Surgeons, UK has made placements available for surgical trainees to explore OOPE. The Royal College of Surgeons Edinburgh UK has also successfully conducted a basic surgical skills workshop in Dervan in 2017 and 2018 for Indian surgical trainees. Considered placements are also available for medical students from the UK who are considering options for their elective experience. Medical students are also encouraged to take part in quality improvement activities and present these projects upon return to the UK.

For more information about the hospital please visit **www.walawalkarhospital.com**

Opportunities for UK Anaesthetic trainees post-CT2 or post FRCA (ST4 trainees)

BKL Walawalkar Hospital, Dervan, India

Applications are invited for post-CT 2 or post-ST4 trainee Anaesthetists (OOPT only) to act as Visiting Fellow in Anaesthesia and Intensive Care at the Bhaktashreshta Kamlakar Laxman Walawalkar Hospital, Dervan, Maharashtra, in India.

Duration

This fellowship represents either a three or six month commitment at Walawalkar Hospital, designed to provide experience in the fields of Anaesthesia and Intensive Care in a rural setting

Scope of Anaesthetic Practice

Training will be undertaken using the methods described in the RCOA anaesthetic curriculum, with inspection of the log book, and use of the tools such as Anaes-CEX, DOPS and Case based Discussion, etc. Distant Educational supervision will be provided during this period of training by the RCOA.

Remuneration and Conditions

The successful candidate will receive a monthly salary of Rs 40,000 (equivalent to roughly £375 - £400 depending upon exchange rate), plus free accommodation and food. A senior trainee will be able to receive a higher remuneration.

Other Duties

The successful candidate will be expected to teach and train medical students, junior doctors and nursing staff. Medical students from the Universities of Newcastle upon Tyne and Cambridge visit on their eight week Electives, and the candidate is expected to support and teach these students within Anaesthesia and Intensive Care. A motivated candidate will find many opportunities to undertake Quality Improvement Projects and audits.

Contacts

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Royal College of Anaesthetists link as follow: **https://www.rcoa.ac.uk/document-store/bkl-walawalkar-hospital-dervan-india**

Global Anaesthesia Fellow

Ethiopia Anaesthesia Development Project

3 - 6 month posts with flexible starting from now into 2023 are available for a Global Anaesthesia Fellow to support the Ethiopia Anaesthesia Development Project.

The Ethiopian Anaesthesia Development Project (EADP) is a partnership between Addis Ababa University (AAU), the Canadian Anesthesiologists Society International Education Foundation (CASIEF) and Global Anaesthesia Development Partnerships (GADP).

EADP provides educational and clinical support to the anaesthesia training program at Addis Ababa University. This program has been expanding rapidly in recent years and currently numbers over 60 residents.

The Global Anaesthesia Fellow will help to strengthen and develop the existing training program. They will provide clinical and classroom teaching and help coordinate an international volunteer faculty and support the local departmental staff at Tikur Anbessa Specialist Hospital (Black Lion Hospital), Ethiopia's largest public teaching hospital and tertiary referral centre in Addis Ababa. There will be a strong simulation and quality improvement component to the teaching. In addition, the post will involve providing educational support and collaboration (either in person and/or remotely) with anaesthesia programs in other centres in Ethiopia.

These posts have approval for out of program training from The Royal College of Anaesthetists. ***They are funded for appropriate travel, accommodation and living expenses.*** They are challenging and rewarding roles requiring sensitivity, commitment and creativity. There will be opportunities to focus on patient safety, SIM, QI, non-technical skills and leadership. There are senior fellow posts which would suit candidates who are post-FRCA (or who have completed at least four years anaesthesia training) and junior posts which would be open to those with at least two years of anaesthesia training. We welcome applications from anaesthesia trainees from all backgrounds and jurisdictions.

For more information or to express an interest please email **EADP@casief.ca** including a copy of your current CV.

CASIEF | Canadian Anesthesiologists' Society International Education Foundation

Global Anaesthesia Development Partnerships

Cameroon - Dr Georges Bwelle (Founder), Dr Leonid Daya (Trainee in anaesthesia), Mrs Victorine Okpwae (Nurse anaesthetist)

Anaesthesia in Rural Cameroon

Linda Takwi[1], Leonid Daya[2], Georges Bwelle[3]

[1]Nurse anaesthetist, Magrabi Eye Hospital, Cameroon

[2]Trainee in anaesthesia and intensive care, FMBS-Yaoundé, Cameroon

[3]Georges BWELLE, Surgeon, ASCOVIME President and Founder

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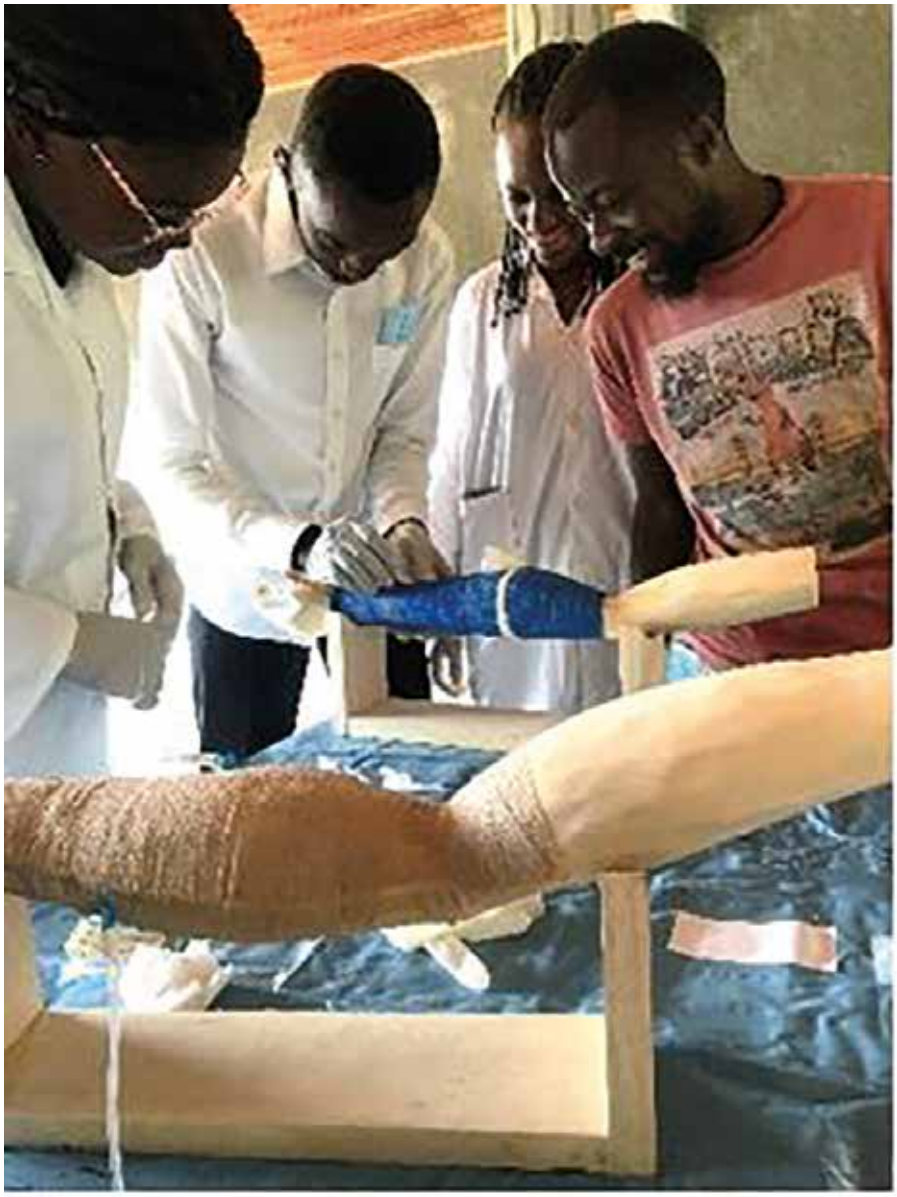
leonidaya0@gmail.com

It is now recognized that to achieve the goal of safe and timely access to surgery by 2030, more surgical procedures and surgical, anaesthesia & obstetric (SAO) workforce are required especially in low and middle-income countries (LMIC) where the need is higher [1]. Anaesthesia has now extended beyond the operating room and is necessary for peri-operative management to ensure patient comfort and reduce morbidity and mortality rates [2]. Approximately 313 million surgical procedures are performed each year worldwide but only 6.5 % are performed in LMICs where people needing surgical care are the most present.

Inadequate access to anaesthesia and surgical services is often considered to be a problem in low- and middle-income countries affecting mostly the Indigenous populations. The central African sub-region is the third least accessible region as far as affordable surgical, anaesthesia and obstetric care is concerned. Cameroon, which is a country of this region, has a population estimated at 25 million with less than a hundred physician anaesthetists: with its surgeons and obstetricians working mostly in the two main cities [3]. To make matters worse, Cameroon is also facing the brain drain phenomenon. The problem is even greater in district Hospitals which are most often poorly equipped, where the rural populations face the issue of inaccessibility, low income, capacity, and workforce.



Cameroon - Peripheral Venous Access Simulation Centre

Anaesthesia During Surgical Missions with Local NGO

The Association of Skills for a better life known as ASCOVIME is a local Cameroonian initiative whose mission is to make accessible free and specialised healthcare services to relieve the suffering of under-served populations of rural Cameroon and some neighbouring countries. Surgeons, anaesthetists, obstetricians, students, nurses, and retired doctors volunteer their skills and services to make healthcare more accessible in these rural areas through a mobile clinic every weekend from February to mid-December of each year. They aim to provide specialised healthcare free of charge to underprivileged populations, especially surgical care. Free didactic material to pupils and teachers at primary schools in these villages is also provided with the aim of better educational development.

From 2008 to 2017, 333 villages of Cameroon were covered by the association with 7381 surgeries performed, and one in Sierra Leone in 2015, where the team completed 185 surgeries in one week, on patients who suffered for a long time from their surgical illnesses without being able to access or afford suitable healthcare.

We carefully and meticulously convert any room into an operating theatre during each mission. With the collaboration of the local team, several elective and emergency procedures are conducted in general surgery, gynaecology & obstetrics, and urology. The emergency surgeries include Caesarean sections and acute abdomen cases. Each year the number of surgeries performed increases significantly as well as the number of villages covered, from one village per month in 2008 to two or three per week today showing that the need is still extremely high. In the last year of 2021, we visited forty-seven villages in Cameroon.

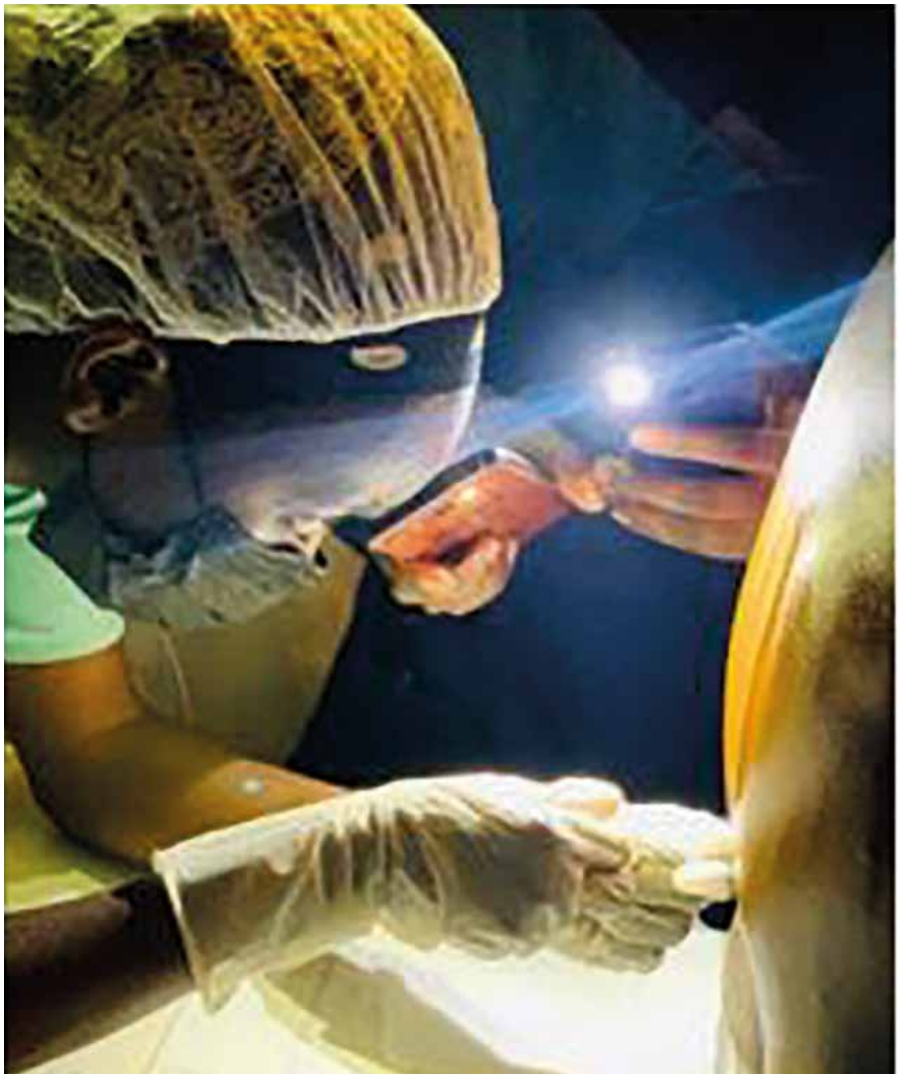
For children, the common type of anaesthesia is general anaesthesia with Ketamine and diazepam. With the mobile anaesthetic machine, we often use halothane as inhaled hypnotic. Spinal anaesthesia with Bupivacaine 0.5% is mostly used for adults when needed. The surgery is commenced depending on the indication, the patient's clinical state, the availability of a caregiver, and the locality of where the team is.

Post-operative management primarily consists of antibiotics, analgesia, and instructions given to the local staff for wound management and how to deal with complications that may occur.

Evidence and Call for Action

Surgeries that are completed cover at least some elective essential surgery and dental care to prevent disabilities and enhance the patient's social life. In Yaoundé Central Hospital, a main urban referral centre in Cameroon, 1300 surgical procedures are performed each year. Presently ASCOVIME is performing rural surgeries within proximity of this number. Its contribution to reducing the additional 143 million surgical procedures needed worldwide is evident. Organization, anaesthetic medications, availability of equipment and consumables as well as a patient assessment before any surgery are evaluated to improve patient safety [2].

The anaesthetist can therefore be considered a "team leader." A team briefing, an adapted WHO Safety Checklist, and minimal monitoring equipment (such as a Lifebox pulse oximeter, sphygmomanometer, and stethoscope) are the basic elements available during missions



Cameroon - Spinal Anaesthesia by torchlight

to ensure surgical safety. Strategic planning and assurances of best safety are vital when the team do not always work in a conventional operating room. Since 2020, there have been many improvements in terms of equipment and workforce which allow the team to perform more procedures. This includes the addition of two physician anaesthetists and two nurse anaesthetists and a donation of a mobile anaesthetic machine from Diamedica-UK.

The Future

We understand we cannot cover every Cameroonian village and cannot help everybody everywhere, that is why education is now a priority in this association to make sustainable changes. During the missions, volunteers and local staff are trained on the different techniques they need to know to perform safe surgery in their day-to-day workplaces. It is also important to do this for patients' follow-up after the mission (once they leave a village).

Capacity building through simulation is now part of our challenges. A simulation centre is being set up near Yaoundé, the capital city. Activities are already going on in surgery, anaesthesia, obstetrics paediatrics. These sessions are more practical than theoretical, and we ensure every level of the workforce is represented: medical students, nurse students, interns, and residents from diverse specialities and in the future, professionals from all around the world.

Fostering partnerships between NGOs and local governments and international institutions may be a solution to improve the quality of surgery and ensure access to essential anaesthesia and surgical services. Through this association, a project could be set up to share the vision of global surgery and gather volunteers so they should be able to advocate and work on strategies for safer surgery and anaesthesia in rural Cameroon and Central Africa.

Conclusion

While waiting to set up the universal health coverage and a national surgical plan for Cameroon, we should start somewhere and we think this is an effective way to start and make sustainable changes in global surgery for LMICs, especially in Cameroon and Central Africa Sub-region. Despite difficulties, in terms of resources, the vision and the will to help and provide safe care to the neediest keeps the team running every weekend.

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2. Orser B, Wilson C, Lafontaine A et al. Improving Access to Safe Anaesthetic Care in Rural and Remote Communities in Affluent Countries. Anesth Analg 2019;129(1):294-300.
3. Bulletin of the World Health Organisation 2010. Volume 88:591-640

SAWW_Dr Theresa Harbauer demonstrates a ventilator donated by SAWW to Haydom Hospital, Tanzania

Making a Difference to the Future of Global Anaesthesia with Safe Anaesthesia Worldwide

From the Safe Anaesthesia Worldwide Group

Safe Anaesthesia Worldwide (SAWW) prevents suffering and saves lives by improving anaesthesia provision in resource-limited countries. Since 2011, SAWW has provided equipment and supported training and research to improve services in remote and challenging locations. From small beginnings, the charity has come a long way and is now looking to secure its development in the coming years. We welcome collaboration with like-minded individuals who share our concern about the global inequality in anaesthesia care.

Our story so far

Much of the focus of SAWW's work has been on supplying anaesthesia equipment that is suitable for resource-poor locations. So far, we have donated equipment to 76 different hospitals in 31 countries, giving anaesthesia providers the tools vital for their job. SAWW continues to support by funding spare parts and servicing, to ensure the longevity of donated equipment.

SAWW has responded to disasters by sending portable anaesthesia machines to treat casualties following natural disasters in Nepal and the Philippines, and in response to conflict in DRC, Cameroon, Syria and most recently Ukraine.

In addition to donating life-saving equipment, we have supported anaesthesia conferences; organised refresher training courses; sponsored delegates at meetings they could not otherwise afford to attend and supported post-graduate training in low-income countries. Most recently, we awarded funding to support in-country physician anaesthesia training with the Zambia Anaesthesia Development Program.

SAWW_A portable anaesthesia machine donated by SAWW safely reaches the mobile hospital in Odessa

You can read more about our work and some of our highlights in our ten-year review that is available at **www.safe4all.org.uk**

A few words from a volunteer

Dr Henriette Willigers, an anaesthetist at Maastricht Medical Centre, the Netherlands, has regularly taught in Tanzania and was happy to help oversee two SAWW anaesthesia refresher courses in the remote Kagera region in the north of the country.

"The participants were enthusiastic and eager to learn, as opportunities for training are rare and for many it was the first refresher course they had ever attended. I enjoyed teaching very much and I think it was very useful. Philibert was a great host, and we had some lovely evenings together near the border of Lake Victoria and eating Senene (roasted grasshoppers)."

What is next for SAWW?

Year on year, SAWW's finances and activities have grown, despite not currently employing any paid staff.

Looking to the future we want the charity's work to continue to expand and to help more people. To achieve this, we need individuals and groups to join us on our mission to improve global anaesthesia services. Sadly, there is still so much to be done to strengthen emergency and essential surgical and anaesthesia care, to achieve universal health equality.

Could you help us to take our next steps?

If you are interested in helping our work, then we would like to hear from you. Your expertise may be in clinical practice or healthcare technology. Or you have skills in planning, strategy, management, promotion, or fundraising. Do you have knowledge, vision, or ideas to offer that would help our charity take its next steps?

What would we expect from you?

Your input could be as little or as much as you are comfortable offering. Currently, the charity is run by a Board of Trustees that meets 2 to 4 times each year, and by volunteers who input as and when needed. How you help would depend on your preferences and availability.

How you might contribute

Your role at SAWW might be as an advisor, ambassador, educator, fundraiser or potentially a board member. You could help in some of the following roles, or you might have your own ideas on how you would best contribute to our work.

- **Advisor**. Provide advice in your field of speciality, when needed.
- **Educator**. Offer anaesthesia or biomedical engineering training.
- **Mentor**. Provide support and advice to recipients of SAWW donations or training.
- **Strategist**. Help us to develop our five- and ten-year strategic plans.
- **Networker**. Expand our relationships with other organisations and individuals to achieve mutual aims.
- **Project Manager**. Advice on planning and management of projects to ensure the best impact and output.
- **Ambassador**. Represent SAWW at conferences and meetings.
- **Communicator**. Give talks about our charity's work to inform and raise funds.
- **Bid Writer**: Help prepare funding bids and grant applications.
- **Fundraiser.** Organise fundraising events and encourage others to do similar!
- **Publicist**. Raise our profile in the media and get our message across to a wider audience.

This could be your chance to make a difference in the future of global anaesthesia. If you would like to help us to take our next steps, please introduce yourself to our Secretary, Carol Newman, at **info@safe4all.org.uk**

Useful Information

Courses in Anaesthesia for the Developing World
Anaesthesia for Developing countries - 5 day course Kampala Uganda (annually)
Contact: Dr Hilary Edgcombe, Nuffield Dept of Anaesthesia, John Radcliffe Hospital
Headley Way, Headington, Oxford OX3 9DU, UK
Tel: (+44) 01865 221590 E-mail: events@ndcn.ox.ac.uk

Developing World Anaesthesia
1 day course at Royal College of Anaesthetists
Contact: dwacourse@gmail.com

Essentials of Anaesthesia in the Developing World
1 day course at The Bill Mapleson Centre, Mountain Ash, Wales
Contact: http://www.bmc.wales/developing-world

Organisations

Anaesthetic Fellowships
On online resource for anaesthetic trainees looking for overseas fellowships.

www.anaestheticfellowships.org/fellowships-by-specialty/developing-world

AMREF Flying Doctors
Based in Nairobi, this flying doctor service provides medical evacuations and repatriation. The Volunteer Physician Programme allows doctors to volunteer for a minimum of 4 weeks.

flydoc.org

Douleurs san Frontieres (DSF)
A French NGO (Pain without borders) that promotes a multidisciplinary approach to the diagnosis, treatment and management of acute and chronic pain in resource poor settings.

E-mail: dsf.france@doulers.org

www.douleurs.org

Durbin
A specialist medical supply company that sells drugs and equipment to developing countries.

www.durbinglobal.com

Essential Pain Management Global
A course developed in conjunction with the Faculty of Pain Management to improve pain management worldwide by working with health workers at a local level.

www.rcoa.ac.uk/faculty-of-pain-medicine/essential-pain-management-global

Global Anaesthesia, Surgical and Obstetric Collaboration (GASOC)
A UK based all-encompassing trainee group with a focus on global surgery. Organises bi-monthly journal clubs, conferences and acts a resource for trainees within the global health scene.

www.gasocuk.co.uk

Health Books International
Previously known as Teaching-Aids at Low Cost (TALC), this unique charity supplies low cost healthcare training and teaching materials to raise the standard of healthcare and reduce poverty worldwide.

healthbooksinternational.org

Health Volunteers Overseas
A US based organization dedicated to improving the availability and quality of health care in developing countries through education, training and professional development of the workforce.

www.hvousa.org

HINARI
The HINARI Programme, set up by WHO together with major publishers, enables developing countries to gain access to one of the world's largest collections of biomedical and health literature. More than 7,500 information resources are now available to health institutions in 105 countries.

www.iars.org

International Anesthesia Research Society (IARS)
A non-political medical society founded in 1922 to advance and support anaesthesia research and education. Publishes Anesthesia and Analgesia which has a global health subsection.

www.iars.org

If you wish to advertise your organisation on this page (free-of-charge), please contact:

The Editors: **WorldAnaesthesiaNews@gmail.com**

The International Committee of the Red Cross (ICRC)

The ICRC acts to help all victims of war and internal violence, attempting to ensure implementation of humanitarian rules restricting armed violence.

www.icrc.org

International Relations Committee (IRC) of the Association of Anaesthetists of Great Britain and Ireland (AAGBI)

The IRC has a major role in co-ordinating and facilitating overseas anaesthetic training programmes, visiting lecturerships for refresher courses and distribution of limited supplies of textbooks and equipment to developing countries. It administers the Overseas Anaesthesia Fund to facilitate donations to assist in this type of work.

www.aagbi.org

Lifebox

Lifebox is a not-for-profit organization saving lives by improving the safety and quality of surgical care in low-resource countries by ensuring that every operating room in the world has a simple pulse oximeter.

www.lifebox.org

Medecins Sans Frontieres (MSF)

MSF offers assistance to populations in distress, to victims of natural and man-made disasters and to victims of armed conflict. They require volunteers for both long and short-term projects.

www.msf.org.uk

Mercy Flyers

Mercy Flyers is a not-for-profit organisation whose mission is to take specialist medical care to those who are geographically remote and living in poverty in southern African countries.

www.mercyflyers.org

Mercy Ships

Mercy Ships provides free surgery and medical care, and partners with local communities to improve health care, offering training and advice, materials and hands-on assistance.

www.mercyships.org.uk

Mothers of Africa

Mothers for Africa is a medical educational charity that trains medical staff in Sub-Sahara Africa to care for mothers during pregnancy and childbirth.

www.mothersofafrica.org

Primary Trauma Care Foundation

An organisation training doctors and nurses in the management of severely injured patients in the district hospital.

www.primarytraumacare.org

REDR

RedR is an international charity that improves the effectiveness of disaster relief, helping rebuild the lives of those affected. They do this by training relief workers and providing skilled professionals to humanitarian programmes worldwide.

www.redr.org.uk

REMEDY (Recovered Medical Equipment for the Developing World)

A US based charity that recovers wasted medical supplies and arranges distribution to the developing world.

www.remedyinc.org

Royal College of Anaesthetists

Global Partnerships department at the RCoA coordinates overseas trainee fellowships in low and middle income countries. It also provides information for International Medical Graduates wishing to work in the UK.

Contact:
Global@rcoa.ac.uk

www.rcoa.ac.uk/global-partnerships

Society for Education in Anesthesia

International members are invited to join this Society that promotes techniques and excellence in the teaching of anaesthesia.

www.seahq.org

THET (Tropical health and Education Trust)

THET is committed to improving health services in developing countries through building long-term capacity. Invests in partnerships with funding from Department for International Development.

www.thet.org

World Federation of Societies of Anaesthesiologists (WFSA)

The World Federation of Societies of Anaesthesiologists (WFSA) is a unique organization in that it is a society of societies. By virtue of membership in a national society, an anesthesiologist is automatically a member of WFSA. The objectives of the WFSA are to make available the highest standards of anesthesia, pain treatment, trauma management and resuscitation to all peoples of the world. The WFSA also publishes Anaesthesia Tutorial of the Week, an online educational resource for anaesthetists, and Update in Anaesthesia, an educational journal.

www.wfsahq.org

VSO (Voluntary Service Overseas)

VSO is a leading development charity that sends volunteers to work abroad with good pre-deployment training.

www.vso.org.uk

World Anaesthesia Society

Application Form

The current subscription is £50 per annum and we encourage all our UK based members to pay by direct debit. Join the World Anaesthesia Society via our website (www.worldanaesthesia.uk) or complete the form below.

Name:

Address:

Hospital:

Telephone: work:

home:

mobile:

E-mail address:

Job Title:

Speciality:

Grade:

Signed:

Date:

Please return this form to:

Mariam Karimi
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