



EMERGENCY CARE IN AFRICA:

REDUCE MORTALITY AND IMPROVE HEALTH



IT'S ALL IN THE TIMING: RAPID RESPONSE TO EMERGENCIES

The Ghana Emergency Medical Collaborative, established in 2008, brings together the Ghanaian Ministry of Health, the National Ambulance Service, the medical education body, and Komfo Anokye Teaching Hospital in Kumasi, Ghana with the University of Michigan's Department of Emergency Medicine. Together our group has established a first-of-its-kind model of professional training and emergency medical capacity building.

An appropriately trained and staffed emergency medical system can reduce death and disability across Africa, connecting the sick and injured to the care they need without delay.

As our collaborative has expanded to include new partners and reach more patients, we have developed a response model that addresses the barriers that increase the time between injury/ acute illness and treatment.



THE CHALLENGE

28 MILLION PEOPLE

DIE ANNUALLY FROM MEDICAL EMERGENCIES

making up half of all deaths world-wide



In Africa, we are improving access to emergency care by creating emergency departments, building infrastructure to house them, strengthening payment systems, and preparing a workforce trained to treat emergencies.

TO MEET RISING DEMAND

With philanthropic support we can improve and adapt the model established in Ghana, expanding across Sub-Saharan Africa, beginning in Ethiopia and Tanzania. Our collaborative will work with hospitals and government leaders to leverage our proven systems building programs by:

- Advancing use of existing resources to reduce cost of care, remove barriers to access, and improve service delivery and clinical outcomes
- Joining clinical programs with business best practices and integrating with community-based primary care
- Making emergency care accessible and financially inclusive
- Enhancing preparedness for local and large-scale emergencies
- Training a specialty emergency care workforce who will work throughout Ghana and establish regional centers of excellence

In Africa, average annual medical emergencies contribute to more than twice as many years of life lost (per 1,000 people) than in the rest of the world.



**AFRICA
262 YEARS**



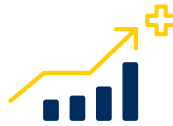
**GLOBAL
129 YEARS**

PEOPLE MAKE IT WORK: ROBUST PARTNERSHIPS & WORKFORCE

Government investments in hospitals are accelerating. They are costly but politically popular, yet payoffs are meager because the buildings and equipment too often sit idle without a workforce trained to use them.

Systematically implemented programs like the one we've established create future African leaders in emergency care who will:

- Increase the number of specialty trained providers
- Improve the efficiency of current emergency care systems
- Create new knowledge through outcomes research
- Advocate for quality care and facilitate policy to promote it



A FOUNDATION TO BUILD ON

For more than a decade, we have been working in partnership with emergency care professionals at the Komfo Anokye Teaching Hospital in Kumasi, Ghana, supporting the development of the emergency medical system with and for the communities who are affected by their outcome.

We are ready to scale through:

- Partnerships with large, central teaching hospitals in other African countries which will systematically extend to peripheral facilities, reaching more people
- Clinical, administrative, and vocational training which will support operations, finances, and digital information systems
- Evaluation that grows evidence and understanding of disease burdens, including traumatic injuries, which emergency medicine practitioners can uniquely address
- Medical innovations such as digital financial services, new therapeutics, and mobile technologies

We will accomplish these goals through partnerships with AFREHealth (The African Forum for Research and Education in Health); Addis Ababa Burn Emergency and Trauma Hospital in Ethiopia; and Muhimbili University of Health and Allied Sciences in Dar es Salaam, Tanzania.



WHAT INVESTMENT CAN DO

Funding will transition these programs from the page to patients:

EXPAND IN GHANA

\$1
MILLION

Emergency medicine is now an established medical specialty because of our work in Ghana. Improved patient care and outcomes can be seen throughout the country, though there are places we have not yet reached. An investment of \$1 million can scale these systems improvements across the country.

ADVANCE EMERGENCY MEDICINE IN ETHIOPIA

\$5
MILLION

The collaborative has burgeoning partnerships in Ethiopia. Program faculty from Ghana could collaborate with our Ethiopian colleagues to create a functional training center. A \$5 million investment will be used to take the systems we've established in Ghana and build upon existing programs in Ethiopia.

ADVANCE EMERGENCY MEDICINE IN ETHIOPIA AND TANZANIA

\$10
MILLION

A \$10 million investment would allow for expansion of emergency care systems improvements in Ethiopia and allow for systems enhancements in Tanzania. At this level of support there would be regional centers of excellence in West, East, and Southeast Africa. These specialty trained providers and leaders could disseminate quality emergency practices and systems preparedness and be a resource to neighboring countries.

RESULTS THAT MATTER: HOW EMERGENCY CARE IN AFRICA SAVES LIVES

Collaborative and integrated emergency care systems in Africa improve outcomes for patients. Examples from our decade of work in Ghana:

1. Early identification and containment of an infectious disease outbreak
2. Expansion of availability of EMT's through increased numbers of trainers
3. Reduced response time for acute emergencies like motor vehicle accidents or asthma attacks
4. Expertise in managing and preparing for mass casualty events or supermarket collapse
5. Emergency medicine experts now working in the Ministry of Health, planning and implementing systems improvements
6. Local experts are being recruited to help Sierra Leone in training EMT's