

# Burn Care in Africa - the journey so far....



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# Africa.....

- Second largest of Earth's seven continents, covering 23% of the world's total land area and containing 13% of the world's population. **2013 estimates : one billion**
- Africa straddles the equator and most of its area lies within the tropics.
- Africa is the birthplace of the human race.
- There are 53 different African countries.
- Cultural diversity: more than 3,000 languages.

# The African Union..

- Symbolic significance:
  1. The colour green symbolizes African hopes and aspiration to unity.
  2. The gold colour stands for African wealth and bright future.
  3. The white colour white represents the purity of Africa's desire to have genuine friends throughout the world.





On the 17<sup>th</sup> of May 2004,  
About 70 practitioners  
from different countries  
came together and  
started The Pan African  
Burns Society in  
Capetown South Africa  
under the leadership of  
**Elbie van der Merve.**

# Objectives of the PABS...1

- To improve the overall care of the many burn victims in Africa
- To ensure the adequate training of practitioners that support it

# Objectives of the PABS...2

- To sensitize governments and target populations on burns in Africa
- To cooperate with efforts of the international community so that the management of burns can be in line with the WHO guidelines and recommendations which has accepted burns as a public health problem.

# Epidemiology of domestic burn injuries locally

Has not changed much over the past decade.:

- The most common causes of burn injury in children are still, in descending order, scalds (hot liquids), flame burns and electrical burns.
- The commonest causes of burn injury in adults are, in descending order, flame burns, electrical burns and scalds.



# Pre-existing background has remained unchanged...1

- Overcrowding and poor quality housing, especially 'slum' buildings
- Use of open flame, low level cooking.
- Refilling a lit kerosene lamp/ stove or filling a generator while it is running.
- Illegal storage and sale of petroleum products





# Pre-existing background has remained unchanged...2

- Poorly insulated, easily accessible power lines, where electricity is present
- Relative ease of access to chemicals such as acids and flammable liquids
- Fewer safety regulations and procedures in the home and workplace
- Standards of education associated with less awareness of risk have not changed remarkably



# The journey so far ... Challenges

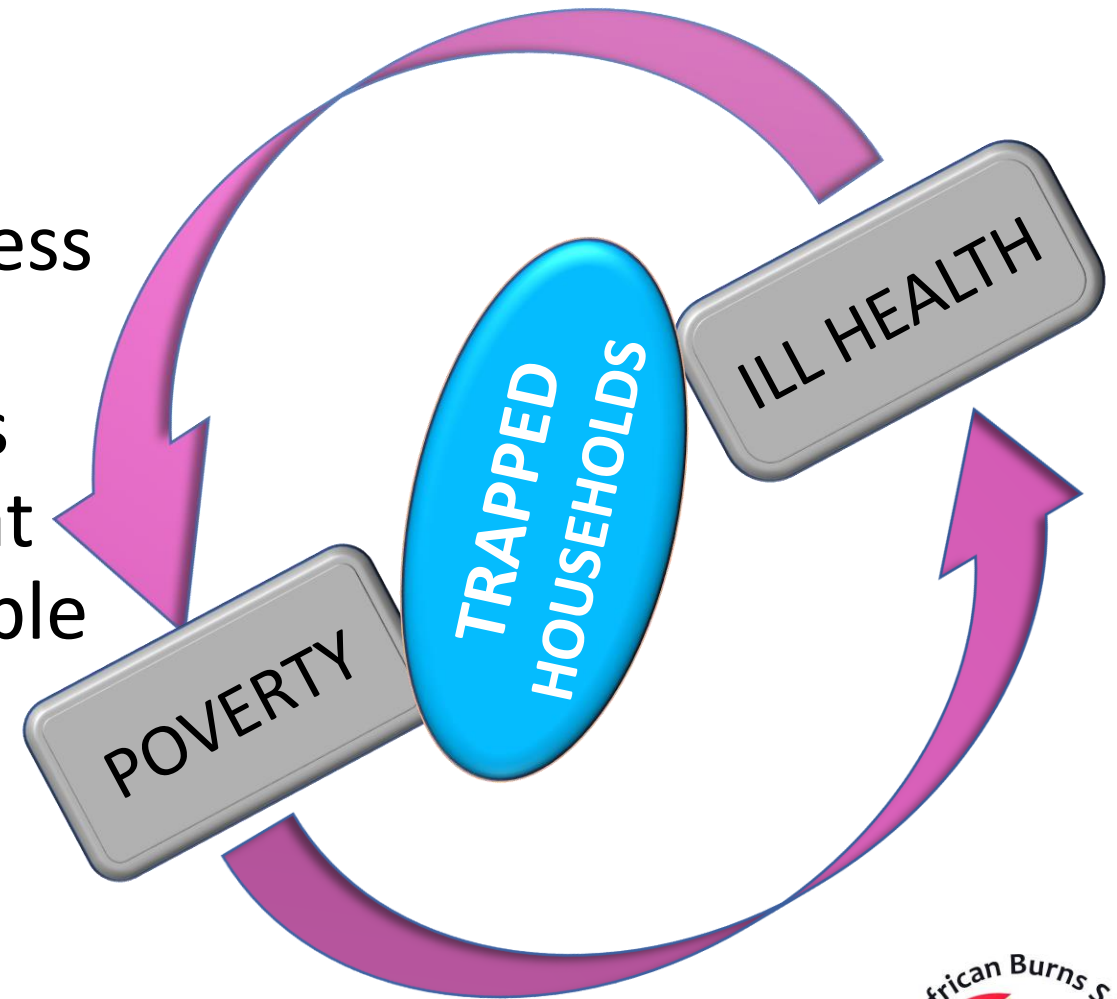
- The general populace
- Weak and inappropriate health systems
- Infrastructural development
- Personnel development
- Health care financing

# A. The general populace: deepening poverty

- The UNDP Human Development Report (2004) estimated that 54% of the total population of SSA is living in absolute poverty.
- This poverty limits access to services, increasing vulnerability, while ill health directly affects productivity, especially in labour-intensive economies.
- The poor are the most exposed to the risks of hazardous environments, and the least informed about threats to health.

# A. The general populace: deepening poverty...2

- Poverty compounds powerlessness and increases ill-health, as ill-health increases poverty (vicious cycle), making reform efforts that emphasize privatisation impossible to implement on a large, sustainable scale.
- This situation perpetuates the entrapment of households



WHO 2002: Vicious circle of poverty



## A. The general populace: deepening poverty...3

- Major fire disasters still continue to be reported. A lot of these are fuelled by the P\_I\_G triad
- The challenges of war and regional conflicts are still very much with us.

## B. Weak and inappropriate health systems

- Most African health systems are replicas of what was inherited from the colonial era.
- These are unevenly weighted toward privileged elites and urban centers.
- Greater emphasis therefore on the urban centres to the detriment of the rural areas.



# National Government scarce resources

- Most SSA countries are constrained by resource scarcity.
- The health sector is often ranked relatively low among national development priorities.
- In 2001, the heads of states in the African Union committed themselves to allocate 15 percent of their national budget to health in the Abuja Declaration.

## B. Weak and inappropriate health systems

- The health systems, as organized today, are not adequately addressing the increasing burden of disease.
- The health system is neither robust nor flexible enough to respond to emerging scenarios that lead to reversal of gains.
- Also, the inability to quantify and analyze the situation with credible data regarding the performance of the health system and the health status undermines the ability of effective decision making.

# Health care financing in Africa...

- Depends heavily on out-of-pocket payments for services. Poor health insurance.
- Health services are poorly complemented with financial assistance.
- Households contribute a larger portion of funds to the health system.

# Human Resource Crisis in the Health Sector

- inadequate production in some countries,
- inability to hire in others,
- brain drain,
- poor motivation,

- conflict of interest,
- corruption,
- and misuse of resources in most countries

# Human Resource Crisis in the Health Sector

- In many countries, an overwhelming majority of health workers are concentrated in a few urban areas.
- All categories, particularly doctors and nurses, are in short supply compared to the standards of population ratios for nurses and other health workers.

WHO region	Total health Workforce		Health Service providers		Health Management and support workers	
	Number	Density/1000	Number	% of Total Health workforce	Number	% of Total Health Workforce
Africa	1 640 000	2.3	1 360 000	83	280 000	17
Eastern Mediterranean	2 100 000	4.0	1 580 000	75	520 000	25
S.E. Asia	7 040 000	4.3	4 730 000	67	2 300 000	33
Western Pacific	10 070 000	5.8	7 810 000	78	2 260 000	23
Europe	16 630 000	18.9	11 540 000	69	5 090 000	31
Americas	21 740 000	24.8	12 460 000	57	9 280 000	43
World	59 220 000	9.3	39 470 000	67	19 750 000	33





# The journey so far ... Gains

- Manpower development – training of caregivers and support staff
- Infrastructural- increase in numbers of training centres
- Collaborative efforts

# The journey so far ... Gains

- There are several new partners and strategies which could and should be further utilized to strengthen existing health systems:
- Universities: can address a broad range of conditions essential to ensuring the well-being of individuals, communities, and nations.

# Prospects...

- Advocacy
- NGOs: Emphasis on partnership recognizes that there are multiple stakeholders involved with different interests, strengths, capacities, resources, experiences, and commitments but with similar concerns about health status improvement in Africa.

# Prospects...

- **Public-private partnerships** can be established through discussions on how the formal and informal private sector can assist in expanding access and opportunities for quality care to the vast majority of Africans.
- Despite the success of clinics and hospitals run by conglomerates and large entrepreneurs in Africa, the participation of the organized private sector as investors remains modest.



The journey has started.....  
It may be slow paced.....  
but we will get there with perseverance.



Thanks so very  
much for  
listening