

CIMUvisa Editorial

A PROSPECTIVE FOR UNIVERSAL HEALTH CARE IN AFRICA

Africa is a very diverse continent in all aspects – language, ethnics, climate and wealth. Nevertheless, lack of universal health cover is common throughout. This has its most profound negative impact in cases of epidemics and disaster: the recent Ebola crisis best representing the most tragic example.

After this lack was highlighted by the Lancet Commission, improved access to emergency care in disasters (and non-disastrous) situations emerged as a priority, supported by the WHO through its Global Initiative for Emergency and Essential Surgical Care project. This was foreseen about 20 years ago by the International Cooperation for Universal care and Health Vigilance (CIMUVISA).

This co-operation was created to sensitise the African medical communities to the need of universal healthcare in low-resource settings, particularly in West Africa. The focus has previously been on communicable diseases, particularly HIV though non-communicable diseases and surgery are now emerging as new problems.

The recent Global Surgery 2030 report indicates that 5 billion patients still don't have access to safe and affordable surgery and anaesthesia when required, despite the fact that a growing percentage of global disease (roughly a third) is attributable to surgically treatable conditions. The rates of maternal and infant morbidity and mortality remain high in most developing countries, and burn injuries also pose a considerable public health problem throughout sub-Saharan Africa.

VISION

The vision of this project is to improve the health status in West Africa – and eventually the rest of Africa – through universal health cover as well as disaster and health vigilance systems.

Mission

- Improve management and prevention in emergency health crisis and disaster.
- Enhance pre-hospital and hospital management of medical and surgical vital emergencies.
- Promote training, education, research and innovation in emergency and disaster medicine.
- Support training and education in prevention and management of emergency situations and disaster through an integrated global network.
- Contribute to the development of regional universal health coverage and vigilance systems.

LOOKING AHEAD

Postgraduate clinical degree in emergency and disaster medicine: A bilingual (French/English) pan-African training and education programme, open to those dealing with medical emergencies and disasters, as well as Health Vigilance. Pan-African journal in emergency, disasters and health vigilance: A hub that will improve the level and quality of research and innovation in these domains.

The CIMUVISA project is a promising hub for all African emergency and disaster workers as well as health vigilance practices. Its wide range of activities, experience on the ground and expansive network qualify it as an important player in the region – and eventually the continent. With the support of international partnerships, the project will be able to expand its activities and realise its plans to positively impact emergency medicine and disaster management throughout all stages.

In addition, the creation of a degree and journal is set to establish a long-lasting resource for improvement and perfection.



Scientific Forum CIMUVISA Lomé and Kara , TOGO 2013



CIMUVISA: Cooperation Internationale pour la Médecine d'Urgence et les Vigilances sanitaires en Afrique, www.cimuvisa.org

PERSPECTIVES

Court, moyen et longs termes en fonction des possibilités et capacités respectives de faisabilité, notamment:

- 8ème Forum Scientifique CIMUVISA Egypte 2017
- EIAMUC- VISA: Ecole Internationale Africaine de Médecine d'Urgence, des Catastrophes et des Vigilances Sanitaires.

SYNTHESE

Les principaux défis des Urgences Vitales, des Catastrophes et des Crises Sanitaires en Afrique

Deux principales catégories d'Urgences Vitales:

- Les maladies transmissibles toujours d'actualité et de portée mondiale, régies par le Règlement Sanitaire International de l'OMS: maladie émergentes, récurrentes ou nouvelles menaces : virales (Fièvre Jaune, Hépatites SIDA, EBOLA ou ZICA); bactériennes (méningites, tuberculose); ou parasitaires (paludisme grave).
- Les maladies non transmissibles assimilées aux nouvelles menaces : traumatismes, accidents vasculaires cérébraux du fait des complications de l'hypertension artérielle et de ses facteurs de risque que sont l'obésité, le diabète, le cancer, l'alcool et le tabac. Dans les 2 cas, les stratégies préventives et de dépistages précoces et combinés sont moins coûteuses et

plus efficaces (vaccination, hygiène de vie, sécurité routière, éducation et sensibilisation de la population).

- Catastrophes naturelles, technologiques et de Sociétés.

Quelques messages de sensibilisation incontournables à l'attention de nos soeurs et frères africains : notre point commun est constitué par l'ensemble des défis sanitaires qui nous interpellent tous.

Tout citoyen a obligation d'assistance à personne en danger en tout temps et en tout lieu.

Nous devons les relever ensemble, chaque acteur que vous êtes jouant sa partition en fonction de vos compétences respectives, car le renforcement des Capacités de Formation, de Maintenance et de Prise en charge sur place des Urgences Vitales ne peut relever que des Africaines et des Africains afin de limiter les multiples contraintes (techniques, médicales et socio-économiques) des EVASAN et des prises en charges à l'étranger. La stratégie de la CIMUVISA ne repose sur aucun projet clé en main: l'Afrique doit se frayer sa propre voie, avec bien sûr la prise en compte des standards internationaux pour le renforcement de ses capacités, sans être 'un copier-coller' intégral mais une valeur ajoutée qui exige en plus des capacités d'adaptation aux réalités du terrain.



Pan African Burn Society (PABS) Conference, Accra, GHANA 2013

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