The current level of readiness of Essential Emergency and Critical care resources in Addis Ababa

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Project description

Our study assessed the current level of EECC resources in Emergency departments in Addis Abeba. The purpose was to provide information to policy makers.

Method

The study was a observation study.
Data was collected using the EECC rapid healthcare facility assessment tool.
The variables studied were **Facility-level availability** and **Bedside-level readiness**.

Results

Facility-level availability was similar across hospital levels
Bedside-level readiness was lower in primary hospitals, but similar in secondary and tertiary hospitals.

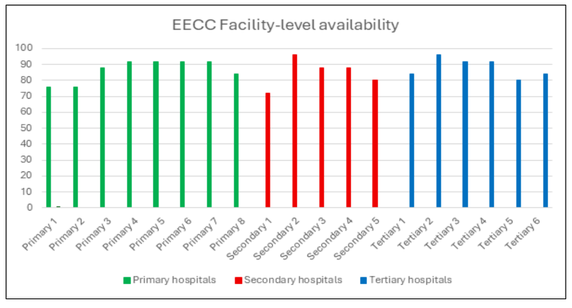
Conclusion

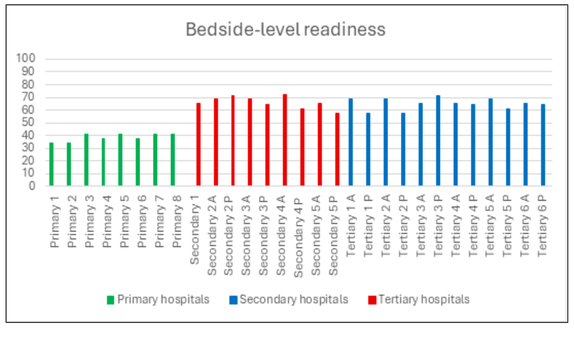
No hospital had full readiness for potentialy critically ill patients. Investments and implementation of EECC is needed to close this gap.

Connection to the Swedish Development Cooperation Strategy

This project aligns with the Strategy for Sweden's development cooperation for health and sexual and reproductive health and rights (SRHR) and the swedish regional strategy for East Africa.







What is EECC and why is it needed?

Critical illness is a major challenge for healthcare systems all over the world. In LMICs healthcare resources are often strained and access to critical care is limited. One point-prevalence study including **19782** patients at 22 hospitals in sub-saharan africa found that **12.5%** were critically ill and only about **half** of these patients received adequate treatment.(1)
Essential emergency and critical care (EECC) was developed to adress this lack of access to critical care.

The EECC framework was developed through a delphi process that involved 269 **clinical experts** with great experience from providing care in low-resource settings. The aim was to determine the most **essentia**l and **cost-effective**, treatments and resources needed to provide critical care. In total 40 treatments and resources was selected.

The framework consists of two major components:
Education
Examples: Training in early detection of critically ill patients, Communication skills, Team-training.
Equipment
Examples: Oxygen, intravenous cannulas, intravenous fluids, suction machines, Blood pressure monitors, Pulse-oximeters.

What we need to do to implement EECC

1. EECC championships/Hubs
2. Involve policymakers
3. Full implementation of the EECC framework
4. Research

EECC
Essential Emergency and Critical Care



Comparison between Ethiopia and Sweden		
Population	136 million	10,5 million
Life expectancy	67,3 years	86,2 years
Healthcare expenditure per capita	27 dollar	6438 dollar
Maternal mortality per 100,000 live births	195	5
Under-five mortality rate	46,2	2,6

References:

1. **African Critical Illness Outcomes Study** The African Critical Illness Outcomes Study (ACIOS): a point prevalence study of critical illness in 22 nations in Africa. *Lancet*. 2025