



# CANECSA STRATEGIC PLAN 2021 – 2025

## Vision

“To be the desired international institution for training and development of anaesthesiologists for anaesthesia practice of the highest level in the region.”

## Mission

“To develop a uniform training program for anaesthesia, critical care and pain medicine across the region and maintain the highest standards of practice for the safety of the patients through training (education programs), service (quality patient care), examinations, research and lifelong learning.”



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## FOREWORD

The College of Anaesthesiologists of East, Central and Southern Africa (CANECSA) aims to advance education, standards, and research in safe anaesthesia and critical care for the people of East, Central and Southern Africa and beyond. The number of professionals in the field of anaesthesia and critical care is very low compared to the region's population and its burden of disease. Medical schools offering Masters of Medicine (MMed) Anaesthesiology and Critical Care are few in number and cannot produce enough anaesthesiologists to meet the region's needs. A program is needed to supplement existing efforts and standardize care in the region.

The need to scale up CANECSA activities could not be more pressing, as the call for combined efforts to meet the need have not been responded to fast enough. Each country in the region has strengths that are unique and may not be found in other countries - the College anticipates a sharing of such facilities, bridging the knowledge gap in clinical practice, and broadening knowledge acquisition through lectures, seminars, webinars, symposia and conference attendance both locally and internationally. These will be conducted both virtually, and where possible, in person.

The purpose of this strategic plan is “to position CANECSA as a leading training institution and a gateway to anaesthesia and critical care knowledge, practice and understanding in Africa.” The success of this strategy will be judged by its execution. It is predicated on a continuous process of strategy formulation and planning. We are also cognisant that without visionary and determined leadership, pragmatic implementation plans, and robust monitoring and evaluation systems, such strategic planning becomes a meaningless exercise. Therefore our plan is built around practical strategies to achieve our goals, aspirations and objectives.

We gratefully acknowledge the support of RCSI, COSECSA, CAI and Irish Aid for the production of this plan.

We are a TEAM !



Dr. Mpoki Ulisubisya  
**PRESIDENT**

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## EXECUTIVE COMMITTEE

POSITION	EXECUTIVE MEMBER	COUNTRY
President	Dr Mpoki Ulisubisya	Tanzania
Vice President	Dr Mark Kasumba	Uganda
Secretary General	Dr Hazel Mumpansha	Zambia
Deputy Secretary General	Dr Edwin Lugazia	Tanzania
Treasurer	Dr Tafadzwanashe Magodora	Zimbabwe
Registrar	Dr Doreen Mashava	Zimbabwe
Chair Education Committee	Dr Tendai Mbengeranwa	Zimbabwe
Chair Examinations Committee	Dr David Polepole	Eswatini
Chair Finance Committee	Dr Tafadzwa Kandawasvika	Zimbabwe

## COUNTRY REPRESENTATIVES

COUNTRY	COUNTRY REPRESENTATIVE
Eswatini	Dr Lomangisi Dlamini
Kenya	Dr Lee Ngugi Kigera
Malawi	Dr Stella Chikumbanje
Rwanda	Dr Christian Mukwesi
Tanzania	Dr Ansbert S Ndebea
Uganda	Dr Janat Tumukude
Zambia	Dr Abel Mwale
Zimbabwe	Dr Faith Moyo
Namibian Country Link	Dr Ambrose Rukewe



## EXECUTIVE SUMMARY

The Strategic Plan provides the basic road map that CANECOSA intends to follow in order to achieve its corporate philosophy as endowed in its Vision, Mission and constitution, during the period 2021 to 2025.

Much was achieved by in the 2015 – 2020 period, culminating in CANECOSA successfully holding its first examinations and enrolling its first cohort of trainees to begin training in January 2021. The process of formulating this plan involved evaluating and learning from progress against the 2015-2020 CANECOSA strategic plan and consultation with council members, members of national societies of anaesthesiology and national medical councils in the region. Thus this plan was thereafter adopted by the college council in December 2021.

The purpose of this strategic plan is to position CANECOSA as a leading training institution and a gateway to anaesthesia and critical care knowledge, practice and understanding in Africa. CANECOSA will build on and establish new partnership arrangements that better facilitate our knowledge transfer, better engage our fellows, empower our patients and public and strengthen our institutional capabilities. We will measure our progress towards this annually, in our operational plans, which will be based on a set of quantifiable performance measures that will chart our progress towards achieving the strategic goals outlined in this document.

The success of this strategy will be judged by its execution. To achieve these ambitions, this strategic plan sets out four goals for CANECOSA for the 2021-2025 period:

1. Establish a common training programme in recognised institutions in the region.
2. Build strong engagement, ownership and lifelong learning.
3. Develop and maintain strong institutional relationships.
4. Build organisational structures to ensure sustainability of CANECOSA.

Achievement of these goals will result in a step change in the number of anaesthesiologists-in-training in the region, leading to a much-increased number of qualified anaesthesiologists and ultimately an increase of the quality of care available to patients in need of surgical care in the region.



## CANECSA BACKGROUND

CANECSA is the College of Anaesthesiologists of East, Central and Southern Africa. Constituent member countries as of 2021 are Eswatini, Kenya, Malawi, Rwanda, Tanzania, Uganda, Zambia, and Zimbabwe. Current knowledge of the situation of anaesthesia in developing countries is limited, despite the large volume of surgical interventions required as compared to other places in the world. To improve survival of acute and critically ill patients in these countries, basic problems and demands of anaesthesia and critical care need to be identified and addressed. Education remains key in uplifting the quality of practice, particularly in the East, Central and Southern Africa (ECSA) Region.

### 2.1 HISTORY OF CANECSA

At the 2009 East, Central and Southern African Health Ministers Conference, held in Zimbabwe, the idea of a College of Anaesthesia for the region was proposed by the Health Ministers of the region. The number of anaesthesia practitioners is very low compared to the region's population and its burden of disease. Masters of Medicine (MMed) in Anaesthesiology and Critical Care graduates are few in number and cannot match the need, hence the need to run a program that will supplement efforts and standardise care in the region. Further to that, there is a need to harmonise training within the region.

Following this, the Association of Anaesthetists organized the inaugural meeting in Arusha, Tanzania in February 2011 at which an interim Council was nominated. Foundation Fellows were enrolled and preparatory work for the activities of the new college began. In 2014 the College was formally inaugurated in Arusha by the East, Central and Southern African Health Ministers' Conference.

In 2018 the Ministers of Health of the ECSA region identified the collegiate training model as the postgraduate medical training model of preference for the scale up of the specialist healthcare workforce in the region,<sup>1</sup> adding momentum to the CANECSA project. In 2019 a meeting of CANECSA was held in Arusha, laying out timelines for the commencement of core activities.

Despite the significant challenges caused by the global pandemic in 2020 and 2021, these have been historic years for CANECSA and anaesthesiology in the region. CANECSA employed its first full-time staff member in early 2020 and held its first examinations at membership and fellowship level in late 2020 and early 2021. The first cohort of 19 CANECSA Fellows by examination graduated in 2021. CANECSA Training programmes commenced in January 2021, with formal national recognition of training and qualifications following in a number of countries.

CANECSA has had significant support both from within the ECSA region and further afield. CANECSA is a constituent member college of the ECSA College of Health Sciences, and is hosted in the ECSA Health Community (ECSA-HC) building in Arusha with many key processes supported by ECSA-HC. Since 2019 CANECSA has worked with the College of Surgeons of East, Central and Southern Africa, the Royal College of Surgeons in Ireland and the College of Anaesthesiologists of Ireland, in a formal partnership funded by Irish Aid. CANECSA has benefitted significantly from the support of the Royal College of Anaesthetists, World Federation of Societies of Anaesthesiology, Association of Anaesthetists, Oslo University Hospital and DeckerMed.

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<sup>1</sup> East Central and Southern African Health Community. Resolutions of the 65th ECSA Health Ministers Conference. 2018

## 2.2 VISION

To be the desired international institution for training and development of anaesthesiologists for anaesthesia and critical care practice of the highest level in the region.

## 2.3 MISSION

To develop a uniform training program for anaesthesia, critical care and pain medicine across the region and maintain the highest standards of practice for the safety of the patients through training (education programs), service (quality patient care), examinations and research.

## 2.4 CORE VALUES

**Professionalism:** CANECESA will create a system that allows the teaching and evaluation of professionalism in the specific context of Anaesthesiology and Critical Care thus inculcating requisite expertise, honesty, respectfulness, patience, humility, tolerance, compassion and ethical conduct.

**Leadership:** Good leadership is a fundamental aspect of CANECESA that brings about integrity, diligence and management: leading and managing continuous change; achieving success with service development.

**Collaboration:** We endeavour by all means to strategically identify and partner with value adding stakeholders and Institutions, authorities, NGOs, in order to increase capacity to deliver.

**Communication:** In order to create awareness, a common understanding of our value propositions and meet stakeholder expectations, we will continuously engage patients, colleagues and trainees.

**Advocacy:** We will undertake advocacy initiatives that are geared towards representing patient needs.

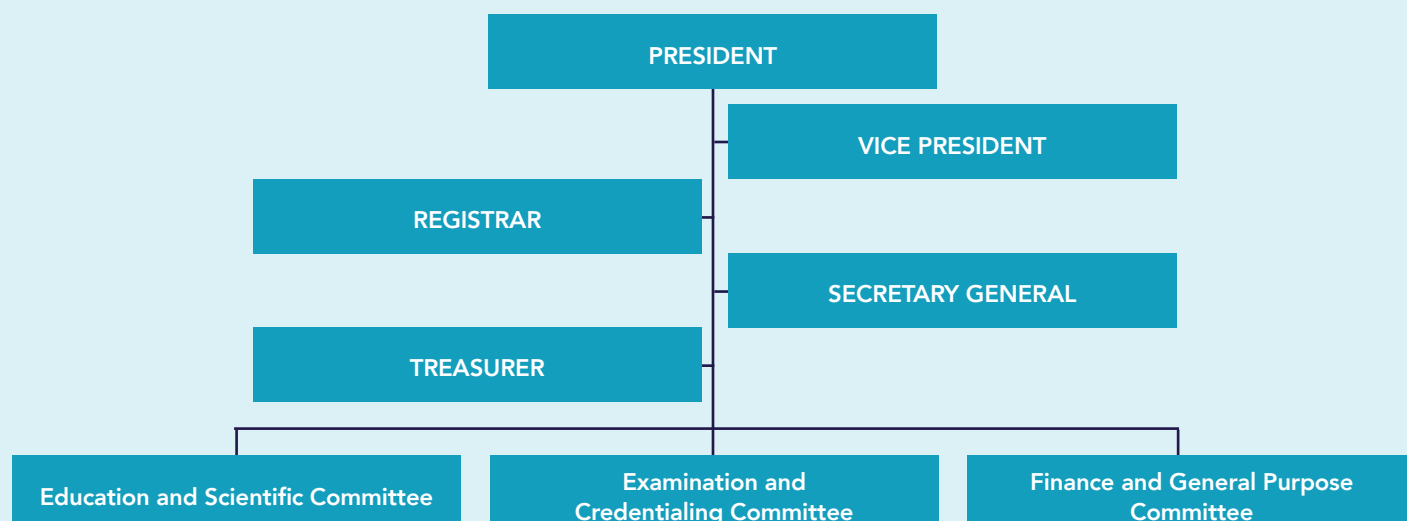
**Development:** CANECESA will continue to uplift standards of education and the subsequent professional practice through scholarship.

## 2.5 STRUCTURE

The way the college is structured including the reporting lines is a manifestation of how this strategy will be operationalized. CANECESA will therefore emphasize the alignment of structure to strategy in order to deliver. CANECESA is a constituent college of the ECSA College of Health Sciences, and has a similar organisational model to other ECSA colleges. An up-to-date listing of CANECESA position holders will be found on [www.canecesa.com](http://www.canecesa.com)

The college has the following online resources:

- Website [www.canecesa.com](http://www.canecesa.com)
- E-learning platform <https://learn.canecesa.com>
- Facebook, Twitter and LinkedIn social media accounts





## 2.6 SWOC ANALYSIS

STRENGTH	WEAKNESSES
<ul style="list-style-type: none"> <li>• Connected to government bodies</li> <li>• Large pool of anaesthesiologists with different sub-specialties</li> <li>• Connected to local and international societies of anaesthesia</li> <li>• Strong communication and dissemination channels (website and social media pages)</li> <li>• Human resources - presence of an Administrative Officer at the regional headquarters</li> <li>• Large pool of young doctors as potential trainees</li> <li>• Physical presence - local institutions' facilities for training</li> </ul>	<ul style="list-style-type: none"> <li>• Resource limitations due to financial constraints</li> <li>• Costs incurred due to travel distances between member countries and environmental impact</li> <li>• Differing education systems (training facilities, duration of training and exit)</li> <li>• Uneven distribution of specialists in the respective member countries for the same college workload</li> <li>• Service entirely voluntary</li> </ul>
OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> <li>• Enhancing shared intellectual capacity</li> <li>• Making practice uniform and comparable</li> <li>• Collaboration with international bodies</li> <li>• Cooperation with established ECSA colleges for other specialties which employ similar training models</li> </ul>	<ul style="list-style-type: none"> <li>• Volunteer fatigue</li> <li>• Donor fatigue</li> <li>• Personal economic implications</li> <li>• Conflicting priorities and country policy implementations</li> <li>• Downstream effect of limited college resources</li> <li>• Potential conflict of interest between physician and non-physician anaesthetists</li> </ul>



## ENVIRONMENTAL ANALYSIS

### 3.1 EDUCATION

The limitations of proper education in anaesthesia in most developing countries are a matter of great concern. The key issue in some developing countries is the non-availability of teaching staff, while in others it is the lack of infrastructure. However, there are problems associated with enormous differences between the training environment and the environment in which graduates will practise, leading to a failure to adapt and to appropriately use available resources. There is also a lack of standard and uniform guidelines among various hospitals, leading to varied local practices. Even in countries where anaesthesia is offered at post-graduate level, residents rarely opt for anaesthesia as their first choice.

### 3.2 SAFE ANAESTHETIC PRACTISE

Anaesthesia was defined as “safe” when anaesthesiologists had access to all the minimum facilities which are usually required for managing the particular group of the patients. The prerequisites are availability of trained anaesthesiologists, proper equipment and drugs to administer general and regional anaesthesia, facilities for safe blood transfusion services and the capacity to manage emergencies. Apart from safe drugs and advance monitoring methods, simulation-based anaesthesia training and process improvement checklists are also incorporated into anaesthesia practice as safety measures.

Lack of monitors, equipment for resuscitation, poor control of infection and haemorrhage, and limited supplies of basic utilities often overburden anaesthesia practice leading to poor outcomes.

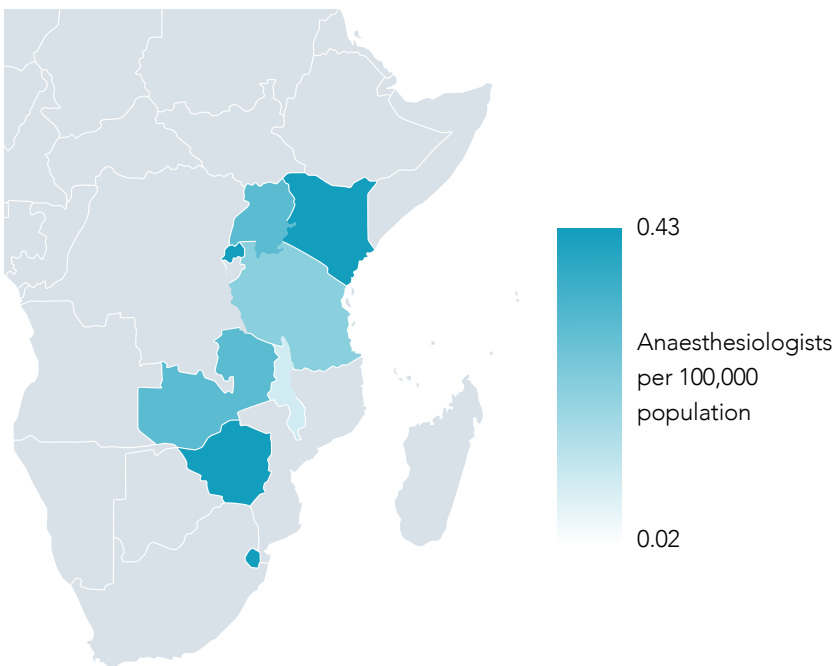
### 3.3 HUMAN RESOURCES

As part of CANECSA's collaboration with the Royal College of Surgeons in Ireland, the College of Anaesthesiologists of Ireland and the College of Surgeons of East, Central and Southern Africa, a situational analysis of the specialist anaesthesia workforce of region was undertaken in 2020. This showed the following physician anaesthesiologist workforce.

**TABLE 1. ANAESTHESIOLOGISTS IN THE CANECSA REGION 2020**

COUNTRY	POPULATION ESTIMATE	CURRENT NUMBERS OF ANAESTHESIOLOGISTS	ANAESTHESIOLOGISTS PER 100,000 POPULATION
Eswatini	1,287,000	4	0.31
Kenya	46,050,000	176	0.38
Malawi	17,215,000	4	0.02
Rwanda	11,610,000	32	0.28
Tanzania	53,470,000	36	0.07
Uganda	39,032,000	66	0.17
Zambia	16,212,000	26	0.16
Zimbabwe	15,603,000	67	0.43
<b>Total</b>	<b>200,479,000</b>	<b>411</b>	<b>0.21</b>

**FIG 2. ANAESTHESIOLOGISTS IN THE CANECSA REGION**



The size of the available workforce falls below all available international recommendations (LMICs)<sup>2,3,4</sup>. The lower of these recommendations, 4 anaesthesiologists per 100,000 in Low-and-Middle-Income-Countries, is twenty times the anaesthesiologist density of the CANECSA member countries<sup>3</sup> and would require an additional 7,608 anaesthesiologists to achieve, even without any population increase.

**Key Points**

- There are more than three surgeons for each anaesthesiologist in the CANECSA Region.<sup>5</sup>
- Non-Physician Anaesthesia Providers are utilized by many countries to fill the gap left by low numbers of anaesthesiologists – the World Federation of Societies of Anaesthesia reported that there were 2,461 working in the CANECSA region in 2015/2016.<sup>3</sup>
- The majority (94.2%) of anaesthesiologists are from within the region and work in their countries of origin or nationality, indicating a reliance on a local workforce that can be trained to train others.

- The majority (86.7%) of anaesthesiologists working in the ECSA region were trained within the region.
- 35.5% of anaesthesiologists in the region are female.

The majority of trained residents would like to work in urban areas, thus, making the resource unevenly distributed, while many who acquired their specialty training outside the country, do not return to the region to practice. The majority of anaesthesia procedures are administered by non-physicians.

<sup>2</sup> Meara JG, Leather AJM, Hagander L, Alkire BC, Alonso N, Ameh EA, et al. Global Surgery 2030: Evidence and solutions for achieving health, welfare, and economic development. *Lancet*. 2015;386(9993):569–624.

<sup>3</sup> Kempthorne P, Morriss WW, Mellin-Olsen J, Gore-Booth J. The WFSA Global Anesthesia Workforce Survey. *Anesth Analg* [Internet]. 2017 Sep;125(3):981–90. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/28753173>

<sup>4</sup> Davies JI, Vreede E, Onajin-Obembe B, Morriss WW. What is the minimum number of specialist anaesthetists needed in low-income and middle-income countries? *BMJ Glob Heal* [Internet]. 2018 Jan 1;3(6):e001005. Available from: <http://gh.bmj.com/content/3/6/e001005.abstract>

<sup>5</sup> O’Flynn E, Andrew J, Hutch A, Kelly C, Jani P, Kakande I, et al. The Specialist Surgeon Workforce in East, Central and Southern Africa: A Situation Analysis. *World J Surg*. 2016 Jun 9;40.

CANECESA is best placed to reverse this sad trend because trainees are not expected to move away from their stations of duty except for brief periods when trainees will be required to visit facilities for modules not available locally and during Fellowship Examination sessions. This minimises the temptation of rural - urban migration.

### 3.4 PARTICULAR AREAS OF CONCERN

#### 3.4.1 Obstetrical anaesthesia services

To fill the gap in trained anaesthesiologists, some countries have initiated various training programmes. The Life Saving Anaesthetic Skills for Emergency Obstetric Care training programme for medical officers has been found to be an effective intervention. This calls for a greater input of Anaesthesiologists in bridging the gaps identified.

#### 3.4.2 Paediatric anaesthesia services

Paediatric anaesthesia is a separate subspecialty of anaesthesia which involves trained physicians from this field. In the developing world, paediatric anaesthesia is limited as a separate subspecialty. However perioperative paediatric mortalities are a serious problem. Many paediatric mortalities are due to airway-related complications, infections and anaemia. In addition, cardiac arrest-related deaths are found to be very high in these countries, signifying the need for trained anaesthesiologists with good resuscitative skills in mitigating the situation. Training in new-born resuscitation in developing countries has been shown to reduce mortality significantly.

#### 3.4.3 Intensive care

There is a severe deficiency in Intensive Care Unit (ICU) care practice and intensive care beds and infrastructure. The need for proper education and training is highly desirable in this field. Initiatives from the developed world in the form of online teaching fora and training materials for developing countries, and centralized ICU registry systems have been helpful in upgrading the critical care settings in the developing world. The coming of CANECESA could not have been any more timely.

The other area of great concern is antimicrobial prescription in ICUs. In most of the region, the use of antimicrobial therapy is not based on culture and sensitivity nor is the therapy given according to standard evidence-based guidelines.

### 3.5 INFRASTRUCTURE, EQUIPMENT AND CONSUMABLES

The provision of safe anaesthesia does not only depend upon trained staff but also relies on essential health commodities employed during the perioperative period. In this regard, the most basic equipment as stipulated by the World Health Organisation (WHO) being the pulse oximeter. A WHO survey of 44 hospitals in a CANECESA member country (Rwanda)<sup>6</sup> showed that there were significant deficits in infrastructure and equipment including electricity, water and stand-by generators in 8 hospitals and pulse oximeters were not found in 19 hospitals. In addition, there is also a lack of resuscitative equipment, airway carts, suction devices and other intraoperative monitoring methods. Anaesthetic drugs are not adequately supplied, a majority of low-income countries rely on halothane vaporizers, using halothane as their only drug for inhalational anaesthesia and Ketamine as the most trusted drug for intravenous anaesthesia. Narcotics and other analgesics are not widely available, contributing to an increase in anaesthetic-related poor surgical outcomes.

### 3.6 PESTLE ANALYSIS OF ENVIRONMENTAL FACTORS

The field of health services education and provision combines policy, business and science. An understanding of the environment in which health service professionals operate is key. CANECESA has developed its understanding of the environment using the common PESTEL (Political, Economic, Social, and Technological, Environmental and Legal) approach. CANECESA will take the following factors into consideration:

**Political factors:** CANECESA will continue to understand the regional political implications in areas such as tax policy, labour law, environmental law, trade restrictions, and political stability.

**Economic factors:** Economic growth, interest, exchange and inflation rates. These factors have major impacts on how entities operate and make decisions. The environment in which CANECESA operates is characterized by developing economies which are financially constrained. Most countries are in the lower bracket of GDP and income.

**Social factors:** These include cultural aspects including health consciousness, population growth rate, age distribution, career attitudes and also emphasis on patient safety.

**Technological factors:** Factors affecting CANECESA include ecological and environmental aspects, such as Research and Development activities, automation, artificial intelligence, technology incentives and the rate of technological change. There is a technical level difference across countries in which anaesthesia is practiced.


**Environmental factors:** These include weather, climate, and climate change, which may especially affect operation owing to the distribution of membership in the region. Waste is of concern to CANECESA. Faculty and trainee travel results in an increased carbon footprint.

**Legal factors:** These include local relevant legislature that affects CANECESA: discrimination law, consumer law, antitrust law, employment law, health and safety law. These factors can affect how a college or a health service operates, its costs, and the demand for its services.

There is need to observe the ECSA Health Community regulatory framework and comply with respective medical councils/boards and higher education authorities. Each country will therefore need to document their regulatory environment in this context.

<sup>6</sup> Petroze RT, Nzayisenga A, Rusanganwa V, Ntakiyiruta G, Calland JF. Comprehensive national analysis of emergency and essential surgical capacity in Rwanda. Br J Surg. 2012 Mar;99(3):436-43. doi: 10.1002/bjs.7816. Epub 2012 Jan 11. PMID: 22237597.





**Vision** – “To be the desired international institution for training and development of anaesthesiologists for anaesthesia practice of the highest level in the region.”



## GOALS, OBJECTIVES AND INDICATORS

The goals of the CANECSA 2021 – 2025 strategy are to:

1. Establish a common training programme in recognized institutions in the ECSA region
2. Build strong engagement, ownership and lifelong learning
3. Develop and maintain strong institutional relationships
4. Build organisational structures to ensure sustainability of CANECSA

Under each goal, a number of objectives are listed, and the indicators for each objective for each year from 2021 to 2025.

### GOAL 1 - ESTABLISH A COMMON TRAINING PROGRAMME IN RECOGNIZED INSTITUTIONS IN THE ECSA REGION

OBJECTIVES	2021	2022	2023	2024	2025
Deliver a high-quality training program	<ul style="list-style-type: none"> <li>• first cohort of 20+ trainees enrolled</li> <li>• first cohort of 15+ trainers trained</li> <li>• curriculum launched</li> <li>• e-learning platform launched</li> <li>• paper-based logbook launched</li> </ul>	<ul style="list-style-type: none"> <li>• second cohort of 30+ trainees enrolled</li> <li>• second cohort of 15+ trainers trained</li> <li>• first detailed analysis of paper-based logbook data</li> </ul>	<ul style="list-style-type: none"> <li>• third cohort of 35+ trainees enrolled</li> <li>• Master trainer cohort trained</li> <li>• e- logbook launched</li> </ul>	<ul style="list-style-type: none"> <li>• fourth cohort of 40+ trainees enrolled</li> <li>• CANECSA Master trainers train 20+ trainers</li> </ul>	<ul style="list-style-type: none"> <li>• fifth cohort of 45+ trainees enrolled</li> <li>• CANECSA Master trainers train 20+ trainers</li> </ul>
Promote and support research in anaesthesia, critical care medicine, perioperative medicine and pain medicine		research methodology training course launched	research support for trainees provided – grants and mentorship	Trainee support continued and research produced by supported trainees	Trainee support continued and research produced by supported trainees
Set clinical standards that reflect best practice and support safe, high quality patient care		guidelines committee established	minimum clinical standards published		

## GOAL 2 - BUILD STRONG ENGAGEMENT, OWNERSHIP AND LIFELONG LEARNING

OBJECTIVES	2021	2022	2023	2024	2025
Promote, enhance and demonstrate the value of CANECOSA fellowship	inaugural CANECOSA Graduation Ceremony held	<ul style="list-style-type: none"> <li>• CANECOSA Graduation Ceremony held</li> <li>• Fellowship needs analysis conducted</li> </ul>	<ul style="list-style-type: none"> <li>• CANECOSA Graduation Ceremony held</li> <li>• strategies devised and implemented to respond to Fellows' identified needs</li> </ul>		
Provide a professional development framework that supports ongoing development and maintenance of skills and expertise		collegiate CPD programme of events launched	<ul style="list-style-type: none"> <li>• annual CANECOSA scientific meeting established</li> <li>• CPD events held</li> </ul>	annual CANECOSA scientific meeting and CPD events held	annual CANECOSA scientific meeting and CPD events held

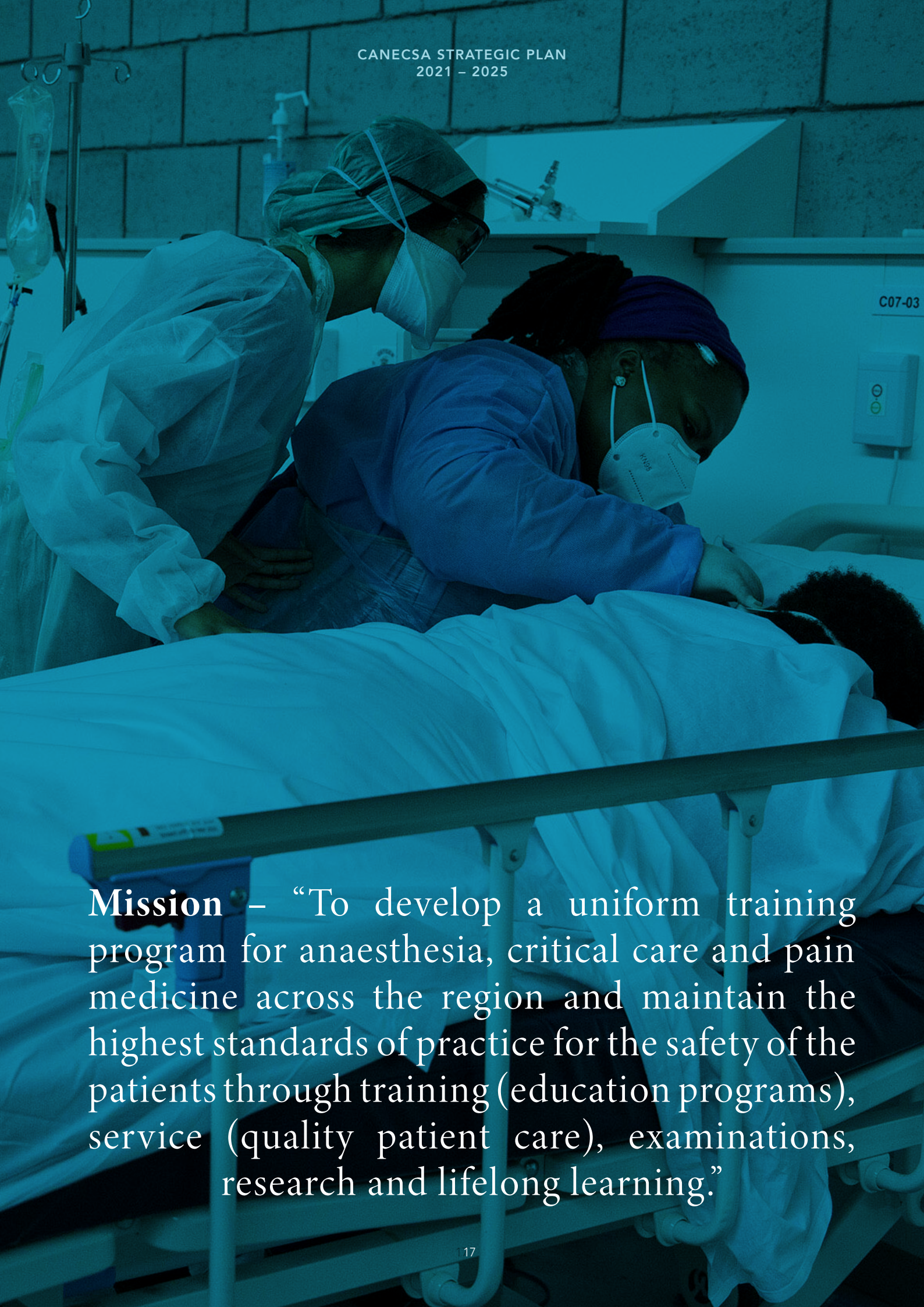
## GOAL 3 - DEVELOP AND MAINTAIN STRONG INSTITUTIONAL RELATIONSHIPS

OBJECTIVES	2021	2022	2023	2024	2025
Develop productive collaborative relationships with international partners	<ul style="list-style-type: none"> <li>• international partnerships formalised and listed on CANECOSA website</li> <li>• all partnerships demonstrably contribute to identified strategic plan objectives</li> </ul>				
Engage and influence government and other key stakeholders	training and qualification recognition achieved in four or more countries	training and qualification recognition achieved in six or more countries	training and qualification recognition achieved in all CANECOSA countries		
Raise the profile of anaesthesia, critical care medicine, perioperative medicine and pain medicine		ECSA anaesthesiology workforce data published			

## GOAL 4 - BUILD ORGANISATIONAL STRUCTURES TO ENSURE SUSTAINABILITY OF CANECSA

OBJECTIVES	2021	2022	2023	2024	2025
Develop and retain the best people	administrative officer employed	<ul style="list-style-type: none"> <li>• staff requirements reviewed on an ongoing basis, recruitment as required to ensure capacity to achieve goals</li> <li>• staff professional development programme established</li> </ul>			
Generate diversified and sustainable income streams	<ul style="list-style-type: none"> <li>• system established for efficient fee collection</li> <li>• funding received from one or more international partners</li> </ul>	<ul style="list-style-type: none"> <li>• online payments system established</li> <li>• funding received from two or more international partners</li> </ul>	<ul style="list-style-type: none"> <li>• funding received from two or more international partners</li> </ul>	<ul style="list-style-type: none"> <li>• funding received from three or more international partners</li> </ul>	<ul style="list-style-type: none"> <li>• funding received from three or more international partners</li> </ul>
Ensure CANECSA's systems and processes are focused on quality outcomes	hospital training programme accreditation process initiated	training programme directors established in all accredited hospitals			
Acknowledge and support Fellows' and trainees' involvement with, and contributions to, the College		trainer recognition scheme established			
Promote anaesthesia and pain medicine as professions			outreach programme to final year medical school students established		





**Mission** – “To develop a uniform training program for anaesthesia, critical care and pain medicine across the region and maintain the highest standards of practice for the safety of the patients through training (education programs), service (quality patient care), examinations, research and lifelong learning.”



## APPENDIX – RISK MANAGEMENT

Healthcare service education and delivery must identify and manage risks to patients, staff, students and organizations in healthcare. Thus, it is necessary for CANECSA to assess, develop, implement, and monitor risk management plans with the goal of minimizing exposure.

CANECSA will ensure it is equipped to proactively and reactively respond to various types of risks that affect them especially with regard to:

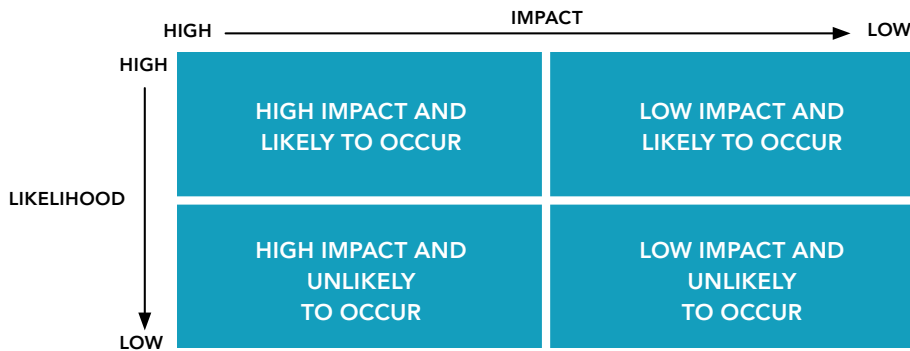
- Patient safety
- Mandatory regulations
- Potential medical error
- Existing and future policy
- Legislation impacting the field of healthcare education and practice.

CANECSA's ability to understand and respond to the rapid changes in the healthcare environment, particularly risks to patients is key to provide a generic framework and smarter way of using such data to ensure good standards as diagrammatically summarised.

**FIG 3. RISK MANAGEMENT PROCESS**



**FIG 4. RISK CATEGORISATION**



RISK	LIKELIHOOD	IMPACT	MEASURES TO REDUCE THE LIKELIHOOD AND IMPACT
<b>COVID pandemic travel disruption</b>	Highly likely	Moderate to high	Replace international meetings with national and online meetings
<b>Conflicting College priorities</b>	Highly likely	High	Clear planning and regular meetings
<b>Downstream effect of limited college resources</b>	Highly likely	High	Build financial systems, collaborate with strategic partners
<b>Volunteer fatigue</b>	Likely	Moderate	Link service with growth benefits
<b>Donor fatigue</b>	Likely	Moderate	Demonstrate accountability and responsibility
<b>Potential conflict of interest between physician and non-physician</b>	Unlikely	Moderate to high	Foster good working relationships with allied health professionals



## **GLOSSARY**

<b>CANECSA</b>	College of Anaesthesiologists of East, Central and Southern Africa
<b>ECSA</b>	East, Central and Southern Africa
<b>ECSA-HC</b>	East, Central and Southern Africa Health Community
<b>GDP</b>	Gross Domestic Product
<b>ICU</b>	Intensive Care Unit
<b>MMed</b>	Masters in Medicine
<b>NGO</b>	Non-Governmental Organisation
<b>PESTEL</b>	Political, Economic, Social, Technological, Environmental and Legal
<b>SWOC</b>	Strengths, Weaknesses, Opportunities and Challenges
<b>WHO</b>	World Health Organization



## CONTACT US

We'd love to hear from you

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