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UCT study finds high prevalence of critical illness in African hospitals

More than half of the critically ill patients do not receive the essential emergency and critical

One in eight hospital in-patients (12.5%) are critically ill in Africa, according to a new study by researchers from the University of Cape Town (UCT) in collaboration with international partners. Of these, one in five (21%) die within seven days, compared to 2.7% of patients who are not critically ill.

Published in the peer-reviewed journal <u>The Lancet</u>, the study found a very high mortality rate of critically ill patients across the continent. It also found that the burden of critical illness in-hospital patients was approximately 25% higher than reported in a similar high-income country study.

The study was conducted by the African Perioperative Research Group (APORG) using data from nearly 20 000 patients in 180 hospitals in 22 countries across Africa. Patients were classified as critically ill if any vital signs were severely deranged and followed up for seven days to assess outcomes. Data were collected for the available resources at each hospital and the care provided to patients.

The African Critical Illness Outcomes Study (ACIOS), funded by the <u>National Institute for</u> <u>Health and Care Research (NIHR) Global Health Group in Perioperative and Critical Care</u>, is the first African-wide epidemiological study of critical illness.

"Critical illness can be defined as a state of ill health with vital organ dysfunction and a high risk of imminent death if care is not provided," said Professor Bruce Biccard of the Department of Anaesthesia and Perioperative Medicine at UCT and co-principal lead of the NIHR Global Group on Perioperative and Critical Care which led the ACIOS study.

The study further found that two-thirds (69%) of critically ill patients are cared for in general hospital wards rather than in high-dependency or intensive care units. More than half (56%) of critically ill patients do not receive the essential emergency and critical care they need to save their lives, such as oxygen, intravenous fluids and correct positioning.

Commenting on the findings, Professor Biccard said the research clearly showed how hospitals across Africa struggle with a serious shortage of resources in terms of the hospital infrastructure, equipment, staffing, training, treatment guidelines, consumables and drugs required to treat critically ill patients effectively.

"Our findings suggest a high incidence of preventable deaths from critical illness in Africa. In many, cases the provision of basic critical care through the equitable and systems-based implementation of essential emergency and critical care may have a substantial impact on these preventable patient deaths in Africa," he said.

The study was a collaboration between UCT, Muhimbili University of Health and Allied Sciences, Queen Mary University of London, the African Perioperative Research Group and The Essential Emergency and Critical Care (EECC) Network.

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