**Letter to the Editor**

**The African Sepsis Alliance – making a difference in the fight against sepsis in Africa**

**Authors**

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Dear Editor,

Sepsis is a global challenge affecting more than 19.5 million people each year [1]. Broad challenges in Low- and Middle-Income Countries relate to the wide-ranging paucity of evidence from epidemiology, through clinical management at the healthcare facility and rehabilitation, to implementation of prevention and treatment at the health system level. The Global Sepsis Alliance (GSA) has long advocated for high-quality evidence and patient management [2]. Following the World Health Assembly global resolution on sepsis in May 2017, the formation of the African Sepsis Alliance (ASA) marks a commitment from clinicians and researchers to drive this agenda in Africa, which disproportionately suffers the burden of infection-related mortality [3]. Action is essential to achieve universal health coverage, address antimicrobial resistance, and meet the sustainable development goals. Emerging from the inaugural meeting of the African Federation of Critical Care Nurses (AFCCN) meeting in October 2017, the "Kampala declaration" was co-drafted by the ASA, along with the AFCNN, GSA, and World Federation of Critical Care Nurses, as a clarion call for African-led global advocacy for sepsis and other severe illness in Africa [4]. With over 2,500 signatories representing over 100 countries, the declaration demonstrates the multidisciplinary and wide-ranging response we hope to invoke at the patient, health facility, societal, and governmental level.

Specific challenges to sepsis in Africa include the HIV epidemic, constrained healthcare budgets, impoverished health systems, sparse medical workforce, and weak diagnostic facilities in combination with a diversity of sepsis aetiologic agents and coinfections. Partnerships within the ASA, comprising over 15 countries representing all regions of Africa, provide a shared platform for meeting the biggest challenges: improving recognition of sepsis at the community and hospital level; empowering hospitals and clinicians to take action to improve case fatality and prevent healthcare-associated infection; and developing quality improvement structures which can assess and monitor the impact of implementation programmes. With regional stakeholders, the ASA prioritises the development and sharing of effective guidelines for the recognition and management of severe infection in Africa. The group has a strong commitment to locally appropriate advocacy, education, research, and innovation. As seen from recent trials of "simple" interventions such as intravenous fluids suggesting that protocol driven fluid resuscitation for sepsis in Africa may increase mortality, the context might also matter in terms of how relevant the current evidence base from High-Income Countries is for Africa [5].

At the global level, sepsis has until recently been overlooked; its syndromic diagnosis and "non-organ-based" nature means it has not been represented in the Global Burden of Disease, despite its high incidence. Providing high-quality sepsis care in Africa means improving "critical care". The major challenge, in environments largely lacking ventilation and dialysis, will be providing cost-effective models which focus on early recognition, monitoring and locally-appropriate management. With strong regional leadership and co-ordinated effort, such systems could have a large impact on the estimated 2 million/year sepsis-related deaths in Africa. There is momentum: in collaboration with the African Union, the Khartoum State Minister of Health recently agreed to sponsor a regional conference of Health Ministers to develop a joint sepsis strategy. The ASA will capitalize on this type of leadership to connect regional sepsis leaders and front-line healthcare workers to policy makers, forming a. community of practice with the capacity to drive large-scale improvements in sepsis care in Africa.

# **Conflict of interest**

JR, STJ, KO, MPG, EN are executive members of the African Sepsis Alliance.

# **Author contributions**

All authors jointly contributed to this submission.

# **References**

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