

Global Allyship in Retrieval Care



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**40 YEARS OF
CRITICAL CARE
IN THE AIR**

40
YEAR
ANNIVERSARY

In mourning. In memory. In peace.

07.08.2025



Every aspect of global health is dominated by individuals and institutions in high-income countries .

This includes funding, authorship of publications, leadership of agencies, composition of boards, editorial positions, awards, and even participation in conferences.

So, if global health has to be reimaged, people that typically hold power and privilege must master the art of allyship, where they see their primary role as allies or accomplices rather than leaders.

- Madhukar Pai



Global Allyship - Short Term

What Is Your Context?



Short Term

<1 month

Minimally adapted program

Need translators



Medium term

1-6 months

Locally adapted program

Basic local language



Long term

>6 months

Locally developed program

Local language fluency



SHORT COURSE / TRAIN THE TRAINER



VOLUNTEER PLACEMENTS



Original article

Advanced life support courses in Africa: Certification, availability and perceptions

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Resuscitation
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Education

ABSTRACT

Background: Advanced life support (ALS) short training courses are in demand across Africa, though overwhelmingly designed and priced for non-African contexts. The continental expansion of emergency care is driving wider penetration of these courses, but their relevance and accessibility is not known. We surveyed clinicians within emergency settings to describe ALS courses' prevalence and perceived value in Africa.

Methods: We conducted a cross-sectional quantitative analysis of 235 clinicians' responses to the African Federation for Emergency Medicine's online needs assessment for an open-access ALS course in Africa.

Participants responded to multiple-choice and open answer questions assessing demographics, ALS course certification and availability, perceptions of ALS courses, and barriers and facilitators to undertaking such courses.

Results: 235 clinicians working in 23 African nations responded. Most clinicians reported ALS course completion within the past three years (73%) and in-country access to ALS courses (76%). Most believed the content adequately met their region's needs (60%). Price and course availability were the most common barriers to taking an ALS course. The most common courses were cardiac and paediatric-focused, and the most common reasons to take a course included general career development, personal interest, and departmental requirements.

Conclusion: One-quarter of emergency care clinicians lack access to ALS courses in twenty-three African nations. Most clinicians believe that ALS courses have value in their clinical settings and meet the needs of their region. Our findings illustrate the need for an affordable, widely available ALS course tailored to lower-resource African settings that could reach rural and peri-urban clinicians.



Sri Lanka College of Paediatricians

Professional Body for Paediatricians in Sri Lanka



Sri Lankan Advanced Paediatric Life Support Course

Sri Lankan APLS Courses are being organized by the APLS group of the Sri Lanka College of Paediatricians which was established in 2013. APLS working group was replaced by **Paediatric Skills Development Working Group** in 2020 which is empowered by the regulations laid down in the constitution approved by the Sri Lanka College of Paediatricians. APLS is one of the modules, coordinated by Paediatric Skills Development Working Group. APLS courses are supported by the Australian APLS Faculty. Sri Lankan APLS course has been accredited by the "Advanced Life Support Group" in the UK in 2017.



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View Details	PHTLS	10th Edition Provider	Cedric Lusimba	10/29/2025	10/31/2025	Yes	nairobi		KENYA
View Details	PHTLS	10th Edition Provider	CEDRIC LUSIMBA	12/11/2025	12/13/2025	Yes	nairobi		KENYA
View Details	PHTLS	10th Edition Provider	Ali Salmi	10/07/2025	10/08/2025	Yes	Hassi Messaoud	hmd	ALGERIA
View Details	PHTLS	10th Edition Provider	Abdelhakim Elkholy	10/30/2025	10/31/2025	Yes	Cairo		EGYPT
View Details	PHTLS	10th Edition Provider	Abdelhakim Elkholy	10/08/2025	10/09/2025	Yes	Cairo		EGYPT
View Details	PHTLS	10th Edition Provider	Abdelhakim Elkholy	11/05/2025	11/06/2025	Yes	Cairo		EGYPT



st_john_png · Follow

st_john_png 210 w
Thinking of volunteering with St John PNG, it's a great opportunity for qualified paramedics in Australia to help grow the profession in the Pacific.



Australian
Volunteers

Australian
Aid

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← Go to Stories

Taking a career from local to global

When emergency nurse Sarah arrived in Port Moresby, Papua New Guinea, she never imagined that a short volunteer stint would completely change her life.



VOLUNTEER PLACEMENTS

10 Questions To Ask Before Packing Your Bag

Would you use this same skillset and scope of practice to do the same work to in an outback Australian town?

Do you have an understanding of the broader health picture?

Do you understand local illnesses patterns and treatment regimens?

Do you really know what medical care is already available to the people you are going to help?

Are the people who have invited you a part of, or do they have connections to, building the existing health care system?

Why do you want to go?

Are you going because you think the people you are visiting have nothing, and you are planning on donating your genius and expertise?

Have you asked a lot of questions before you come? Are you really listening to the responses before you do a lot of planning?

Have you researched local licensing, Poisons Board, visa and volunteer work requirements?

Do you have a long term relationship in mind, or is this just a 7-day stand?

VF MATCH
by Virtue Foundation


Specialty Destination Keywords

Suggestions: Critical Care Medicine


- Emergency / Disaster Medicine
- Endocrinology
- Family Medicine / General Practice
- Gastroenterology

Sort by Start Date (Soonest)


Physicians and Medical Volunteers—HOPE Hospital (Bangladesh)



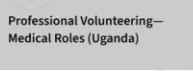
Medical Volunteers for Pediatric Heart Surgeries (Nigeria)



Medical Volunteers for the Cardiology Program (Tanzania)



Professional Volunteering—Medical Roles (Uganda)





OPPORTUNITY PROVIDED BY

AMREF Flying Doctors

Aims to deliver medical air transport and health services using the latest aviation and medical technology to ensure patients receive unrivaled care.

Volunteers are the lifeblood of many charitable organizations including AFD. Each year we are privileged to host a number of skilled volunteers. Their contributions are mutually beneficial, bringing our business new skills and insights while they have the opportunity to develop their expertise working with Africa's most well-recognised air ambulance service.

The VPP is our largest volunteer programme and involves a serious commitment by doctors from different countries to support our work by donating their time, skills, and experience.

Launched in 1997, this skilled volunteer programme allows physicians to apply their medical skills in the uniquely African environment. During their placement, doctors are required to provide at least one teaching session to local medical staff to ensure a mutually beneficial exchange of experiences and skills regarding emergency care practices.

Registration and Temporary License to Practice in Kenya
You will be required to provide the following details online: an updated CV, copies of your qualification certificates, copy of practice licence, head/shoulder photos, and completed application. AMREF Flying Doctors will then organise for temporary registration with the Kenyan Medical Practitioners and Dentist Board. It is not possible to issue registration or licenses to practice in any other country whilst at AMREF Flying Doctors.

Finances and Insurance
Each Volunteer Physician must be financially independent and able to cover their own costs including accommodation, meals, and transport. As a guide, average cost per month is a minimum of US\$1,200.00.
The Kenyan currency is the Kenyan shilling. For current exchange rates, please log onto Central Bank of Kenya: www.centralbank.go.ke
Accident insurance cover is provided while the physician is involved with aero-medical evacuations. You are encouraged to organise your own medical malpractice cover.

VOLUNTEER PLACEMENTS

A close-up photograph of a person's hands gently cradling a small, colorful globe of the Earth. The globe is the central focus, showing continents in various colors (green, yellow, brown) and oceans in blue. The person's hands are positioned around the globe, with fingers resting on its surface. The background is a soft, out-of-focus brown, suggesting an indoor setting with warm lighting. The overall mood is one of care and global connection.

Global Allyship - Medium Term

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Basic local language



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Local language fluency

*Allyship is a process of
building relationships
based on trust,
consistency,
and accountability*

- Madhukar Pai



TRAINING PARTNERSHIPS



RESEARCH PARTNERSHIPS



“That initial one-month experience sparked something bigger, and Sarah soon found out about the Australian Volunteers Program. “Self-funding made it hard to sustain long-term, so the chance to go back with the Australian Volunteers Program was ideal,” she explains. Supported by the program, Sarah returned to Port Moresby to work with St John Ambulance during a pivotal time of growth and reform. What she didn’t expect was how deeply the experience would reshape her, influencing her career and outlook on life.

“I loved being an emergency nurse, and at that point I thought I would work in the emergency department forever,” she says. “But my time with St John opened my eyes to how versatile nursing can be — it’s not just about patient care, but also roles in education, project management, and more.”

Sarah’s role with St John was broad, allowing her to engage in everything from developing standard operating procedures to training local staff. During APEC, St John received a donation of 21 ambulances, which marked the beginning of a significant expansion. “My first visit focused on preparing things for APEC. When I returned with the Australian Volunteers Program, it was about considering, ‘Ok we’ve had all these donations and hired new staff. How can we make these investments last?’”

She found it deeply rewarding to work on systems and procedures to ensure long-term sustainability. “It felt like I was stepping back from direct patient care of a few people to support the workforce level. That sense of scale and feeling like I could have a bigger impact on patients was really meaningful.”



“We need to consciously practice humility to listen, ask, understand, incorporate, and amplify the perspective and ideas of those we serve, who are mostly Black and Brown people in the global South”

- Oni Blackstock (ED Health Justice)

LOCAL GAZE

Versus

FOREIGN GAZE



A research definition and framework for acute paediatric critical illness across resource-variable settings: a modified Delphi consensus

[Anita V Arias, MD](#) ^a   · [Michael Lintner-Rivera, MD](#) ^b · [Nadeem I Shafi, MD](#) ^c · [Qalab Abbas, MBBS](#) ^d · [Abdelhafeez H Abdelhafeez, MD](#) ^{e,f} · [Muhammad Ali, MSN](#) ^g · [Halaashuor Ammar, MD](#) ^h · [Ali I Anwar, BS](#) ⁱ · [John Adabie Appiah, MD](#) ^j · [Jonah E Attebery, MD](#) ^k · [Willmer E Diaz Villalobos, MD](#) ^l · [Daiane Ferreira, MSN](#) ^m · [Sebastián González-Dambrauskas, MD](#) ^{n,o,p} · [Muhammad Irfan Habib, MD](#) ^q · [Jan Hau Lee, MBBS](#) ^{r,s} · [Prof Niranjana Kisson, MBBS](#) ^{t,u} · [Atnafu M Tekleab, MD](#) ^v · [Prof Elizabeth M Molyneux, FRCPC](#) ^w · [Prof Brenda M Morrow, PhD](#) ^x · [Prof Vinay M Nadkarni, MD](#) ^{y,z} · [Jocelyn Rivera, MD](#) ^{aa} · [Rebecca Silvers, DNP](#) ^{aa,ac,ad} · [Mardi Steere, MBBS](#) ^{ae,af} · [Daniel Tatay, MD](#) ^{ag} · [Prof Adnan T Bhutta, MBBS](#) ^b · [Teresa B Kortz, MD](#) ^{aa,ah} · [Asya Agulnik, MD](#) ^{a,ai} the [Paediatric Acute Lung Injury and Sepsis Investigators \(PALISI\) Network](#) on behalf of the [PALISI Global Health Subgroup](#) [†] [Show less](#)

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» Summary

Show Outline

The true global burden of paediatric critical illness remains unknown. Studies on children with life-threatening conditions are hindered by the absence of a common definition for acute paediatric critical illness (DEF-CRIT) that outlines components and attributes of critical illness and does not depend on local capacity to provide critical care. We present an evidence-informed consensus definition and framework for acute paediatric critical illness. DEF-CRIT was developed following a scoping review of 29 studies and key concepts identified by an interdisciplinary, international core expert panel (n=24). A modified Delphi process was

A close-up photograph of a person's hands gently cradling a small, colorful globe of the Earth. The globe is the central focus, showing continents in green and yellow and oceans in blue. The hands are positioned around the globe, with fingers resting on its surface, conveying a sense of care and responsibility. The background is softly blurred, showing the out-of-focus faces of other people, which adds to the global and communal theme of the image.

Global Allyship - Long Term

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“Find your mentors, but also create an informal circle of advisors that is diverse, from different fields and disciplines, international, coming from your country but also elsewhere, and from all ages, from the young to the young apart.”

- Renzo Guinto

← Go to Home

Assignments

Seeking skilled Australians for in-person, remote and hybrid volunteering opportunities

Sign up for our assignment alert

Register for the talent pool



Clinical Nurse Support - Intensive Care

Vila Central Hospital - Ministry of Health • Healthcare & Medical

We're looking for a Clinical Nurse Support in Intensive Care who can volunteer in a hybrid role both remotely (online) and in-country for a total of 9 months in Vanuatu. This assignment seeks to provide mentoring and support to ICU Registrar...

Vanuatu

9 months

Hybrid

Closes: 08-10-2025



EMERGENCY DOCTORS →



ICU DOCTORS →



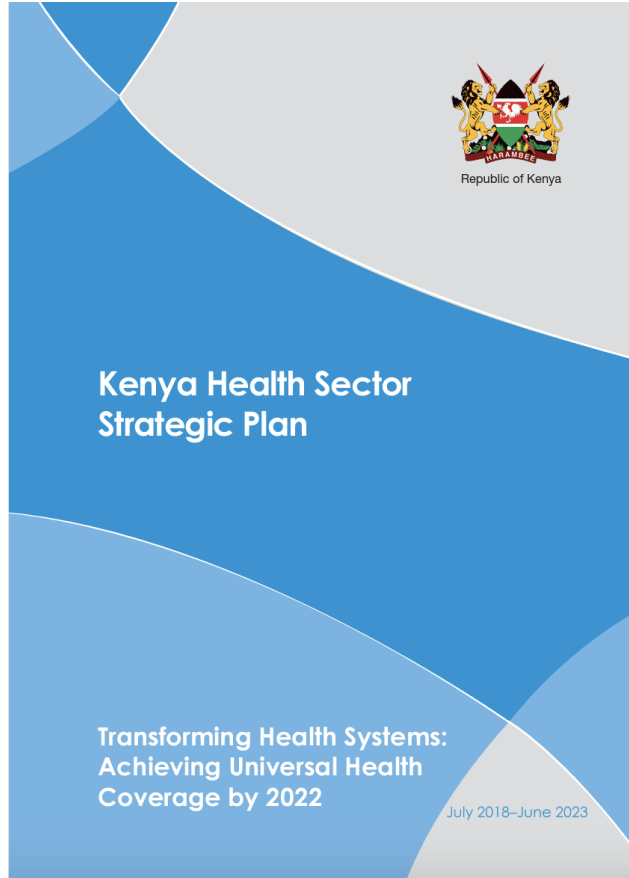
NURSES →



MIDWIVES →



What is the National vision
and mission?



empowered to take responsibility for their own health and the well-being of their communities. These are expected to contribute to the achievement of PHC, community and family health goals through various formal and informal community and home-based interventions.

- State actors:** The main role of the state actors (at both the national and county levels) is to provide stewardship in the health sector. The role of the national Government is to formulate policies, develop national strategic plans, develop standards and guidelines, provide technical support to the counties and build their capacity and, national health referral services. The functions of county governments involve mainly the provision of services. Improvement of the overall health status and well-being of the population depends on the various sectors in the economy functioning in synergy.
- Non-State actors:**
- Implementing partners:** Traditionally, implementing partners have played a significant role in ensuring that health services are available to the community, especially in hard-to-reach areas. They have also been a critical source of much-needed human and monetary resources for implementation of the strategic plans.
- Private sector (for profit and not for profit):** The private sector, at both the national and county levels, has a lot of resources at its disposal that could provide significant support to the health sector in expanding good-quality care to remote and underserved populations. Even within public-service providers, the private sector has a role to play in providing non-health services (e.g., laundry, food provision and laboratory services). County stakeholder forums are the platforms for promotion of such collaboration. Traditional health practitioners also provide complementary services.

- External actors:** External actors are a rather heterogeneous group with a variety of objectives, technical and reporting requirements and funding modalities. The Strategic Plan recognizes that health services require significant financial and technical investment in a context of limited domestic resources. Donors and international non-governmental organizations have traditionally played a key role in providing resources for the health sector. International initiatives, particularly the High-level Forums on Aid Effectiveness, provide an important foundation for guidance from external actors. The principles of the 2005 Paris Declaration on Aid Effectiveness (Organization for Economic Cooperation and Development, 2005) are: country ownership, alignment, harmonization, managing for results and mutual accountability. Implementation of the Strategic Plan will require the continued support of development partners in the field of health, especially given the devolved system of government.

6.3 Partnership arrangements

6.3.1 Introduction

The concerted efforts of all health stakeholders are required for implementation of this plan. Those efforts will be guided by the Kenya Health Sector Partnership and Coordination Framework 2018–2030. The partnership arrangements aim to enhance aid effectiveness through use of the sector-wide approach to health service delivery. With numerous and various types of partners supporting the health sector in Kenya at different levels and in different capacities, coordination and harmonization of the investments and actions of all partners is critical for ensuring that optimal use is made of all available resources to address sector priorities and achieve results.

The Kenya Health Sector Partnership and Coordination Framework 2018–2030 outlines structures and mechanisms that bring together all key partners at different levels to collaborate



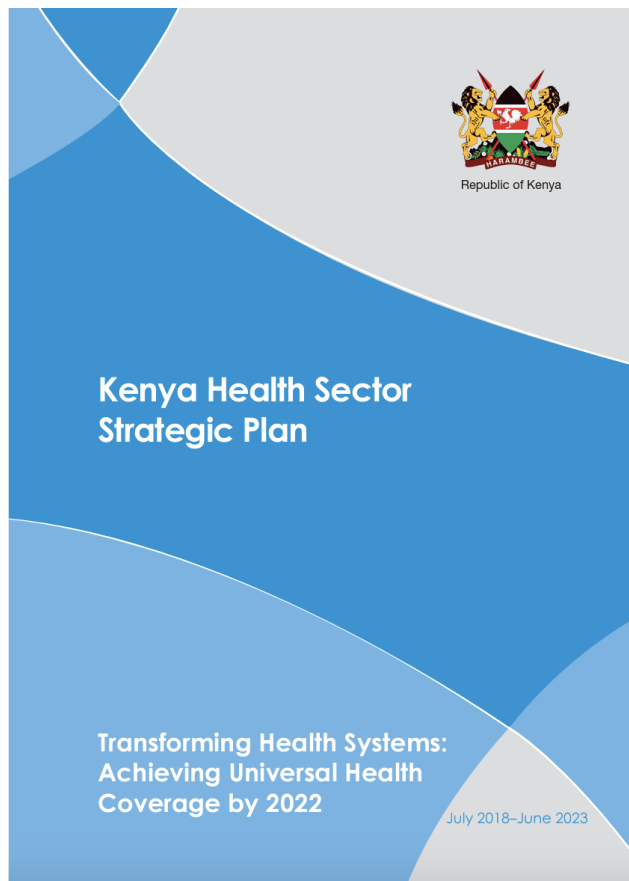
Where does
prehospital care fit?



Where does your
host organisation
fit?



Where do you and your
discipline fit?



Partnership in the
 of the national
 formulate policies,
 strategic plans,
 and guidelines,
 support to the
 their capacity
 referral services.
 ty governments
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FELLOWSHIP IN PAEDIATRIC EMERGENCY AND CRITICAL CARE

- Overview
- Structure
- Admission Requirements
- Careers
- Fees and Funding

Philosophy

Ninety percent of critical illness and paediatric mortality worldwide occurs in resource-poor settings. Every day 17,000 children under the age of 5 years die. The majority of these deaths occurs in Sub-Saharan Africa and is due to preventable and treatable illnesses such as pneumonia, diarrhea and malaria, and 87% of in-patient deaths in these settings occur within the first 24 hours of hospital admission. In accordance with the United Nations Conventions on the Rights of the Child to which Kenya is a signatory, every child has a right to good health care, and the right to live. In order to provide critically ill children in Kenya and beyond high quality emergency and critical care there is need to equip specialists with the requisite emergency and critical care skills, as well as capability to provide leadership in the management of critical and emergency care units in hospitals across the country.

Rationale of the Programme

As of 2016, there were only 4 trained Paediatric Critical Care doctors in Kenya, serving a population of 17 million children below 14 years of age. There are presently no Kenyan Paediatricians with sub-specialist training in Paediatric Emergency Medicine in the country. In the entire continent of Africa there are only two training centres in Paediatric Critical Care, in Egypt and South Africa. There are no training centres in Paediatric Emergency medicine in Africa. There is a need for Paediatric

STUDENTS

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CAMPUS EVENT CALENDAR



NEWBORN ETAT+ PROVIDER COURSE - AUGUST 2023

The Department of Paediatrics and Child Health, University of Nairobi in collaboration with the Ministry of Health...



UoN/MoH Newborn ETAT+ Course June 2023

The Department of Paediatrics and Child Health, University of Nairobi





C

Course Description: Emergency Medical Technicians (EMT) provide pre-hospital emergency medical care and transportation for critical patients. They stabilize and safely transport patients in an ambulance, and serves as a critical link between the scene of an emergency and the health care system. The primary purpose of this EMT certification course is to meet the entry-level job expectations and students with a first step towards becoming paramedics.

1. Certificate in Emergency Medical Technicians Course

Course Duration: 2 Years

Requirements: Each student interested in this course, should have attained **KCSE Grade C- (Minus)** or its equivalent plus Biology and any language (English/Swahili).

Fee: KES. 110,000 Per academic year (payable in instalments)

2. Diploma in Emergency Medical Technician Course

Course Duration: 3 Years

Requirements: Each student interested in this course, should have attained **KCSE Grade C Plain** or its equivalent plus Biology and any language (English/Swahili).

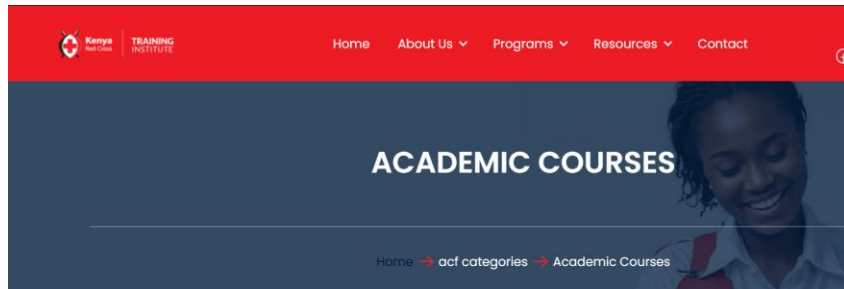
Fee: KES. 130,000 Per academic year (payable in instalments)

3. Upgrading to Diploma in Emergency Medical Technician Course

Requirements: Each student interested in this course, should have a **certificate in EMT** from a recognized institution.

Certification: Upon successful completion of the components and examination, a student will be issued with a certificate jointly endorsed by St John Ambulance and Kenya Medical Training College (KMTc).

Fee: KES 120,000 Per academic year (payable in instalments)



OVERVIEW

OBJECTIVES

REQUIREMENTS

Course Description

This competency-based Diploma program, accredited by TVETA and KNQA, is available in full-time, part-time, online, and blended formats, lasting two years for full-time and 30 months (2 and a half years) for other formats. Learners must attend scheduled practical boot camps and follow unit timelines, with additional webinars enhancing competencies.

The course uses the KRCTI LMS for resource access, discussions, assignments, test results, and the Jones & Bartlett platform for eBooks, quizzes, simulations, and lectures. It combines theoretical learning with practical sessions and 24 weeks (5 and a half months) of clinical experience in teaching hospitals. The program employs diverse pedagogical methods, including instructor-led sessions, videos, simulations, and ambulance and hospital practice. Course materials are of international standards, accessible via various formats and a modern ICT-compliant library.



Global Allyship - At Home



Managing aeromedical retrieval in extreme climatic conditions will be one of the subject areas taught in Charles Darwin University's newest postgraduate courses.

The only Master's Aeromedical Retrieval course in Australia and a Graduate Certificate are now underway at CDU.

The courses are a partnership between CDU, the National Critical Care and Trauma Response Centre (NCCTRC), Careflight and Royal Flying Doctor Service.

Funding from the NCCTRC has enabled scholarships to be offered to four clinicians from Fiji and Papua New Guinea to study towards the Graduate Certificate, along with eight NT and interstate students.

LOCAL FACULTY WITH INTERNATIONAL STUDENTS



UNIVERSITY OF NAIROBI



AIC
**Kijabe
Hospital**
Health Care to God's Glory

> [Pediatr Emerg Care. 2022 Mar 1;38\(3\):e1097-e1103. doi: 10.1097/PEC.0000000000002486.](#)

A Goat Cadaver as a Cost-effective Resource for Teaching Emergency Medicine Procedures in Kijabe, Kenya

Lindly Theroux ¹, Mardi Steere ², Eric Katz ¹, Rebekah Jewell ¹, Alison Gardner ¹

Affiliations + expand

PMID: 34225331 DOI: 10.1097/PEC.0000000000002486

Abstract

Background: A pediatric emergency medicine and critical care fellowship was recently developed in Kenya through the University of Nairobi/Kenyatta National Hospital and AIC Kijabe Hospital. As part of this training, a week-long trauma and emergency medicine course was developed with emphasis on trauma and emergency medicine procedures. Given limited resources, we developed a course with simulation of procedures centered around utilization of a goat cadaver.

Objective: The aim of the study was to describe fellow and faculty experiences and perspectives when using a goat cadaver to teach emergency medicine procedures by simulation in Kijabe, Kenya.

Methods: A 5-day course was given to 2 fellows with a variety of didactics and simulations after which fellows completed a questionnaire to rate their satisfaction with the content and teaching effectiveness.

Results: The course was rated very highly, with an average content satisfaction score of 4.5/5 and average teaching effectiveness score of 4.4/5. Qualitative faculty feedback was positive, with specific learnings allowing ongoing adaptation of this model.











Conclusions: A goat cadaver is a cost-effective resource not often considered that can be adequately used to teach several emergency medicine skills by simulation.

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GLOBAL FACULTY WITH REGULAR VISITS



 <p>Scott Chapman Chair</p>	 <p>Dr. Githinji Gitahi</p>	 <p>Capt. Gilbert Kibe</p>	 <p>Dr. Gichuru-Gladwell Kiarie</p>	 <p>Khadija Abdul Juma</p>
 <p>Jennifer Peng</p>	 <p>Diana Amuhaya Barasa</p>	 <p>Frank Ireri</p>	 <p>Salma Mazrui-Watt</p>	 <p>Mardi Steer</p>

GLOBAL GOVERNANCE

GLOBAL NORTH SCIENTISTS EN ROUTE TO
THE GLOBAL SOUTH FOR FIELD WORK



GLOBAL SOUTH SCIENTISTS EN ROUTE TO
THE GLOBAL NORTH FOR A CONFERENCE



GLOBAL ADVOCACY

“...in global health there is still a lot of us and them thinking and a lot of bipolar positioning of global north experts and global south recipients of expertise.

And I think that it stems from a lack of reflexivity on the part of global north institutions and individuals about the way their own society and their own health systems also produce profound inequities”

- Stephanie Topp, JCU

Further Reading

- Disrupting Global Health: From Allyship To Collective Liberation; Madhukar Pai, Forbes Mar 15, 2022
- Global Health Career Paths: Learn, Mentor, Practice, Repeat. Interview between Garry Aslanyan, Peter Kilmarx, Stephanie Topp and Renzo Guinto for the WHO Global Health Matters podcast
- From Dilemmatic Struggle to Legitimized Indifference: Expatriates' Host Country Language Learning and its Impact on the Expatriate-HCE relationship
- Ling Eleanor Zhang, Anne-Wil Harzing, Journal of World Business Volume 51, Issue 5, September 2016, Pages 774-786
- The foreign gaze: authorship in academic global health; Seye Abimbola; BMJ Global Health Volume 4, Issue 5



Mardi Steere
EGM MEDICAL &
RETRIEVAL SERVICES
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Service of Australia, SA/NT



