

Stakeholder and participant contribution to feedback for 1st aid training programs delivered to lay-responders in Low- and Middle-Income countries: a scoping review



Andrew Hodgetts

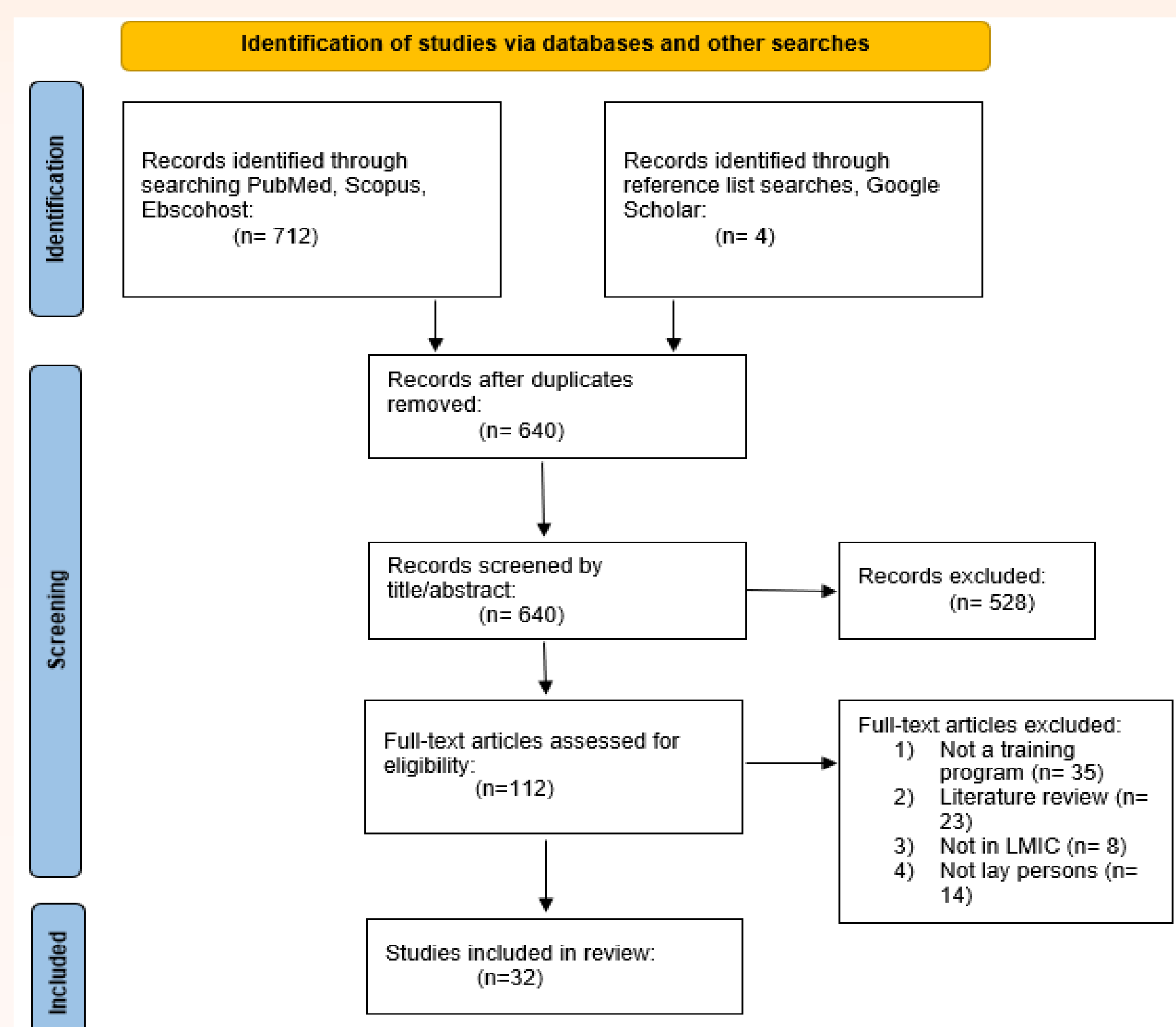
University of Southern Queensland, School of Health and Medical Sciences

University of
**Southern
Queensland**

Background

- Lack of formal emergency medical services (EMS) greatly contributes to preventable death and disability in low- and middle-income countries (LMICs) (1)
- 90% of global injury related deaths occur in LMICs, 80% of these deaths occur in the pre-hospital setting, compared with 59% in high-income countries (2)
- It is estimated that expanded pre-hospital care systems could address 54% of deaths in LMICs (3)
- EMS systems modelled on high-income countries are impractical for LMICs due to costs, available resources and infrastructure (4)
- The World Health Organisation has long recommended training lay-responders as the first tier of a pre-hospital care system in LMICs (5)
- Lay persons have detailed cultural, linguistic and practical knowledge about their communities and may be best suited to respond to emergency situations (6)
- Engaging local communities builds trust and may prove to be an effective way to develop emergency response systems in LMICs (6)
- Communities should be engaged in all levels of planning, development and delivery of lay-responder programs (6)

Results



Methods

- Data sources: PubMed, Scopus, Ebscohost, Google Scholar, Reference list review
- Inclusion criteria: year 2000-present, LMICs, Lay-responder training programs
- Exclusion criteria: Articles not in English, high-income countries, systematic review/meta analysis, studies with no discussion of lay-responders

Findings

- The studies included for review described first-aid or CPR training programs for lay-responders
- 16% (n=5) of articles had no mention of community or participant involvement during any stage of the program
- 16% (n=5) of articles specifically mention community consultation for training site selection.
 - Most sites were selected due to population and lack of adequate health services
- Curriculum and program design had strong involvement from key stakeholders and local health professionals (n=15)
- Participant selection was mostly by convenience, only 16% (n=5) of articles discuss stakeholder involvement in the participant selection process
- 9 articles expressly discuss the training program being delivered in the local language or dialect
 - 4 articles noted that training programs were delivered in English and real-time translated into the local language
- Only 22% (n=7) of articles described participant feedback/follow-up post training program delivery

Conclusion

- Significant opportunities to partner with and build EMS capacity in LMIC communities, in a culturally safe and respectful manner
- Stakeholder involvement may provide better understanding into effective and sustainable program design and training methods
- Feedback is an important tool for understanding the local needs along with social and cultural contexts

References

