

Formation of the Southern Asia Association for Regional Cooperation Federation of Critical Care Nurses



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SUMMARY

- South Asia contains a mix of poor and upwardly economies with different levels of critical care services.
- Critical care nursing leaders in the region have recently formed the South Asia Association for Regional Cooperation Federation of Critical Care Nurses (SAARC FCCN).
- This paper summarized the immediate developments and ambitions of the SAARC FCCN and recommended active support and participation from other more established critical care organizations of the world to help us realize our dreams.

INTRODUCTION

On the 18th November 2017, the Critical Care Nurses Association of Nepal (CCNAN) organized its First International Conference of Critical Care Nurses Association of Nepal at the Soaltee Crown Plaza, Kathmandu (Figure 1). It was a historic moment for all nurses working in critical care units, not only in Nepal but throughout the region. The event marked a new beginning by bringing critical care nurses together and providing them a platform for sharing knowledge and ideas with a particular emphasis on supporting critical care in developing and resource limited countries. The conference had eminent speakers from Nepal, South Asia and beyond. Prior to the meeting and during the faculty dinner, leaders from many of the neighboring countries and WFCCN had discussed the benefits of forming a regional federation of critical care nurses.

It was suggested that we should align the regional critical care nursing group with the South Asia Association for Regional Cooperation (SAARC). SAARC is a geo-political structure (Figure 2) that aligns neighbor countries with shared interests to cooperate and support activities with mutual benefit to all. Nursing leaders from 5 of the 8 SAARC countries were present to further the discussion and plans for such a federation.

THE SOUTH ASIAN ASSOCIATION FOR REGIONAL COOPERATION

The South Asian Association for Regional Cooperation (SAARC) was established with the signing of the SAARC Charter in Dhaka on 8 December 1985. SAARC comprises of eight Member States: Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka. The Secretariat of the Association was set up in Kathmandu on 17 January 1987.

The objectives of the Association as outlined in the SAARC Charter are to (SAARC, 2018):

- Promote the welfare of the peoples of South Asia and to improve their quality of life;
- Accelerate economic growth, social progress and cultural development in the region and to provide all individuals the opportunity to live in dignity and to realize their full potentials;
- Promote and strengthen collective self-reliance among the countries of South Asia;
- Contribute to mutual trust, understanding and appreciation of one another's problems;
- Promote active collaboration and mutual assistance in the economic, social, cultural, technical and scientific fields;
- Strengthen cooperation with other developing countries;
- Strengthen cooperation among themselves in international forums on matters of common interests; and
- Cooperate with international and regional organizations with similar aims and purposes.

The principles outlined in the SAARC Charter form an excellent framework to guide the SAARC FCCN. To this end, the intention of the Federation is to play its part to contribute to the purposes of the SAARC by focusing on how we can promote, strengthen and improve critical care nursing services throughout the region.

Nepal meeting 18 November 2017

During the CCNAN conference, a group of critical care nursing leaders from Nepal, Bangladesh, India, Sri Lanka, Pakistan and WFCCN discussed and agreed to the founding principles and processes of the proposed organization. It was agreed as an interim step to determine the President and secretary of the group based on the location of the next conference. The representatives from the Critical Care Nursing Society of India (CCNSI) offered to host the next SAARC FCCN conference in India in January 2019 and so it was agreed that the CCNSI President, Professor Jaya Kuruvilla would assume the role of SAARC FCCN President till January 2019 after which point a formal constitution and process for governance would be enshrined.

Members of the SAARC FCCN leadership will meet at the Emirates Critical Conference (ECCC) again in April 2018 (A number of the group members had previously met at this venue with WFCCN leaders in 2017 where early discussions had inspired the Nepal

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meeting). This will be a forum to plan their next conference in India and to commence drafting the constitution and other processes and procedures to consolidate the formal structures and objectives of the federation.

Future

The SAARC FCCN leadership envisages having an organization with similar objectives and processes to SAARC but with a particular focus on critical care nursing. Our processes and procedures are likely to be similar to other regional critical care nursing federations affiliated with WFCCN such as EFCCNA, FLECI and AFCCN.

The Federation for Critical Care (Medicine) in South Asia was formed in 2017 and dialogue has already commenced to explore possible partnerships on shared activities of interests at the ECCC.

Finally and most importantly, the SAARC nations are developing and less-resourced countries who are determined to better their current situation. It is essential to continue to utilize the strength and experience of our colleagues from WFCCN and her member societies to build a stronger critical care nursing presence and contribution to the communities of South Asia.

REFERENCE

SAARC, 2018. www.saarc-sec.org/about-saarc. Accessed on 26 January 2018.

Figure 1. Participants of the first SAARC FCCN meeting. Kathmandu, Nepal



Figure 2. SAARC countries

