## The frame of survival for cardiopulmonary resuscitation in lower resource settings

## **Authors' reply**

We thank Gayathri Devi Nadarajan and Marcus Ong Eng Hock for their Correspondence regarding our Health Policy paper on resuscitation in low-resource settings1—starting a discussion is wonderful. We fully agree that an even more diverse list of authors in terms of nationality, resource setting, age, gender, and profession would have been desirable, and, as described in our publication, we aim to extend the working group of the upcoming statement of the International Liaison Committee on Resuscitation. Since publication, we have conducted several meetings with representatives from various regions and organisations and individuals from a diverse group of global specialists. Furthermore, in early November, 2023, the topic of the effects and importance of resuscitation in low-resource settings was discussed at one of the largest global congresses on resuscitation, which usually only deals with high-resource settings.<sup>2</sup> Moreover, a webinar has been conducted with around 100 participants from all continents.3 Although these steps might only be a start, researchers, clinicians, and health-care stakeholders from all resource settings are slowly coming together, starting a new era of mutual understanding, and leaving the previous somewhat colonial approach behind to improve survival for those who need immediate care and treatment.

Nadarajan and Hock mention the chainmail of survival that we proposed as an adaptive, novel system of resuscitation in not only all resource settings in low-income and middle-income countries, but also in high-income countries (eg, in areas of rough terrain). As suggested, our chainmail

already includes first responder systems and professional dispatch and it is completely adaptive to many other essential items or challenges that various resource settings might present. We are humbled by the positive reception of our new proposal to visualise all components needed for successful resuscitation.

Finally, we ask readers to see our work for what it is: a first foray towards truly global applicability of recommendations regarding cardio-pulmonary resuscitation and overall implementation at a local level. An initial step that, per definition, cannot be perfect. Given the benefit of the doubt, we are confident that the next steps will follow.

We declare no competing interests.

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