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Controlling the spread of covid-19 in sudan with limited resources: a unique community-engaged approach**Gasmelseed Ahmed¹, Yassir Mohamed², Razi Adulhameed³, Majdi Ishag⁴ Ahamed Elzabair⁵**¹Almoosa Specialist Hospital, Saudi Arabia²Prince Sultan Military Medical City, Riyadh, Saudi Arabia³King Saud University Medical City, Riyadh, Saudi Arabia⁴King Abdulaziz Medical City, Al-Ahsa, Saudi Arabia⁵Alwatania University, Khartoum, Sudan

Introduction: The emergence of COVID-19 with rapidly increased cases outside China alarmed WHO to announce global pandemic. SARS-CoV-2 belongs to β -coronavirus cluster the third zoonotic coronavirus disease after SARS and Middle East respiratory syndrome (MERS). The novel coronavirus (2019-nCoV) spreads from droplets and contaminated surfaces. Amid the massive community transmission and evolving the economic burden of Sudan, it is the responsibility of every individual to control the disease with the limited resources and the poor infrastructure. We adopted engaging the community in donating facilities, manpower and logistics for optimum health care under supervision of medical volunteers, in a unique approach suits the cooperative nature of our community.

Methods: It is societal initiative based on donated locations for patients and dormitories for care providers; isolating certain cases at home, others in quarantine and transfer critical cases to hospitals; avoiding gatherings even for religious activities; closing borders; modifying workflow; remote schooling and college classes. Moreover, access health information from reliable sites including, but not limited to the Sudanese diaspora's websites for health education and updates. Known preventive measures such as respiratory hygiene, cough etiquette, wearing a mask, frequent hand washing, disinfection of surfaces, social distancing, avoiding gatherings and handshaking, and refraining from touching the face, go simultaneously with the initiative. The two success pillars are medical volunteers work with and supervise nonmedical volunteers, serving home isolation and neighborhood quarantine.

Volunteer health personnel within the neighborhood: Licensed health care personnel assigned to provide communication between health practitioners and a control room in the nearest Ministry of Health (MoH) facility, in order to decide and supervise isolation and guide local non-medical volunteers. In addition, they perform a therapeutic and educational role for isolated individuals with continuous evaluation of cases that require hospitalization.

Neighborhood non-medical volunteers: Provide donated sites for isolation and urge the community to interact positively, as well as assist in health education and facilitate the tasks of the health care providers. They prevent gatherings with the exception of funerals having the lowest possible number of attendees and the quickest time. Other duties include managing social and physical distancing in public places; advice travelers and drivers on the precautions and provide educational materials.

Home isolation: Volunteer health team decides when isolation is required and educates isolated persons via telephone on the safety of their families, friends and neighbors.

Neighborhood quarantine: A building on the outskirts of the neighborhood, such as a house, school or a club. Well ventilated, comfortable and have basic facilities such as water, electricity, toilets and supervised waste disposal measures. Volunteers are assigned to provide food and water in accordance with quarantine standards, and organize transportation in case a patient needs to be hospitalized. The quarantine area is equipped for vital signs measurements, with the health team using preventative measures.

Conclusion: The initiative provides guidelines for infection control in low-income countries reserving beds for other critical diseases. The major limitations are lack of similar comparative evidence-based experience and the shortage of trained staff. However, the initiative promotes the spirit of cooperation within the community into social behavior for public health practice. Moreover, it empower the health joint effort of the individual, the community and the state, and shift the emphasis from health care for the people to health care by the people.

Biography

Gasmelseed Ahmed born and raised in Sudan, He is medical doctor graduated in Juba University College of Medicine. He got MPH degree from VCU medical college, VA, USA. He was one of the founders of King Abdullah International Medical Research Center (KAIMRC) from 2008 – 2018, and since 2019 the head of research office of Almoosa Specialist Hospital, one of the largest tertiary hospitals in eastern region of Saudi Arabia. He has accomplished many research projects in training research coordinators and supervising health care providers in their research career. He currently enrolled in PhD in community medicine by research, supposed to present my thesis June 2021. His determinant for research work, author and couter for 30 published scientific papers, three of them in the year 2020 on COVID-19.

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