

Coronavirus Pandemic

Obstacles faced by healthcare providers during COVID-19 pandemic in Sudan

Sarah Misbah EL-Sadig¹, Nouh Saad Mohamed^{2,3}, Eiman Siddig Ahmed⁴, Mohammed Afif Altayeib⁵, Leena Haider Tahir^{6,7}, Ali Mahmoud Mohammed Edris^{8,9}, Yousif Ali¹⁰, Emmanuel Edwar Siddig^{4,8,11,12}, Ayman Ahmed¹³

¹ Department of Medicine, Faculty of Medicine, University of Khartoum, Khartoum, Sudan

² Department of Parasitology and Medical entomology, Faculty of medical laboratory Sciences, Nile University, Khartoum, Sudan

³ Molecular Biology Unit, Sirius Training and Research Centre, Khartoum, Sudan

⁴ Mycetoma Research Centre, University of Khartoum, Khartoum, Sudan

⁵ Police teaching Hospital, Surgery department, Khartoum, Sudan

⁶ Royal Care Hospital, COVID-19 isolation Unit, Department of Emergency Medicine, Khartoum, Sudan

⁷ Emergency care technical officer, World Health organization (WHO), Khartoum, Sudan

⁸ Department of Histopathology and Cytology, Faculty of Medical Laboratory Sciences, University of Khartoum, Khartoum, Sudan

⁹ Department of Histopathology and Cytology, Faculty of Applied Medical Sciences, University of Bisha, Bisha, Kingdom of Saudi Arabia

¹⁰ Health Emergencies and Epidemics Control General Directorate, Sudan Federal Ministry of Health, Khartoum, Sudan

¹¹ Erasmus MC, University Medical Center Rotterdam, Department of Microbiology and Infectious Diseases, Rotterdam, The Netherlands

¹² Nile University, Faculty of Medicine, Khartoum, Sudan

¹³ Institute of Endemic Diseases, University of Khartoum, Khartoum, Sudan

Abstract

The impacts of COVID -19 pandemic have been quite significant on healthcare providers. I was particularly challenging for those in Low and Middle-Income Countries including Sudan . Unfortunately, the pandemic has hit Sudan on extremely difficult time for the country and its people. The country was coming out of long-brutal and devastating dictatorship and transitioning to new democracy with civilian leadership. In addition to the pandemic related issues, trying to rebuild the health system during socioeconomic crisis, healthcare providers in the country were challenged personally and professionally. These challenges include the stress of working in under-resourced settings with limited access to personal-protection equipment and testing kits raised the fear of contracting the virus and spreading it to their families. The professional, social, and personal life of healthcare providers have been dramatically changed by the ongoing pandemic, however, they are heroically accepting this change in a hope that, this will save the life of many more people. Nevertheless, their fights and sacrifices should at least be rewarded by governments and communities altogether strictly enforce the implementation of other preventive measures including vaccination, face masking, and social distancing and get all protected. We should all understand that, unless we are all protected no one is protected, so all must adapt to the new norm of life and collaborate not only on ending this pandemic but to prevent similar ones in the future.

Key words: COVID-19; Pandemic; HCP; Stigma.

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The health system in Sudan is very fragile and limited because it was ignored and severely under-resourced for over 30 years during the last military dictatorship [1]. Therefore, the country was not prepared for the COVID-19 pandemic when it first started locally on March 2020 i.e during the first wave

[2]. Since then, the frontline respondent healthcare providers in the country has suffered extremely at the personal, social, and professional levels. News of the first confirmed case in Sudan on March 31st has caused public distress and panicking. Specially after seeing the devastating impacts of the virus in the developed and

resourceful countries. Soon later, we have witnessed a similar scenario in Sudan, with the local situation of pandemic become progressively worsening leading the country to be one of the top countries in Africa regarding the morbidity and mortality of COVID-19 [3].

Health care providers (HCPs) in Sudan had to deal with several obstacles during the pandemic. Professionally, considering the lack of or limited access to personal-protection equipment (PPE), there was a high level of stress and anxiety associated with going to work every day [4]. At the beginning of the pandemic, there were no local protocols or clear guidelines in place on how to deal with corona patients or suspect cases, with the methods of diagnosis were still indefinite. Additionally, Hospitals suffered from the lack of a triage system to separate those infected with COVID-19 from those that had other symptoms and illnesses [2,3]. In light of the limited evidence about the case management of COVID-19 patient. It was a heavy burden on the fragile and overwhelmingly exhausted health systems to handle within its very limited capacity. However, shortly later, HCPs have started seeing the true ugly face of the pandemic when they experienced the pain of losing some of their colleagues and beloved ones without having the opportunity for grieving them or saying goodbye. Such horrible experience has shaken some of the HCPs and deeply affected their mental and emotional health, and they have become incapable of resuming their work at healthcare facilities. Eventually, several healthcare facilities were forced to close due to the lack of HCPs to run the services for the public. Additionally, there were a severe national shortage in medicines and PPE [3,4]. At the beginning of the pandemic, a few numbers of well-trained HCPs have volunteered to join the frontline respondents, but this was at the cost of their personal life because they were forced to stay and live-in campuses near the quarantine and isolation center, they are working in it. This isolation and lack of meeting and having personal life with their families were very stressful, particularly for those with dependents they need to support them daily, therefore, eventually some of the HCPs had to drop-out from working on the frontlines due to mental and emotional health challenges. To reduce the severity of this issue, the Ministry of Health has launched program that provide psychological and mental support to the frontline fighters.

Moreover, it was very difficult for the mostly poor general-population to attain facemasks and other protective disinfectants. Due to limitations in the still-

operating healthcare facilities in the country at the beginning of the pandemic, the outpatient clinics in these facilities were heavily crowded with patients and co-patients with most of them not wearing masks or social distancing. This has made the job of the attending Physicians extremely difficult and stressful at the beginning of the pandemic. Adding to that, with the rapid growth of the social stigma about being diagnosed with COVID-19, HCPs were seriously threatened to not attempting to diagnosis COVID-19 even for the highly suspected cases [5]. Out of fears and lack of awareness among the public population about the COVID-19, and due to the high risk out of their occupational exposure, frontlines HCPs were stigmatized and socially abused most of the time and treated as source of infection more than prevention. This has put more burden on the shoulders of the HCPs and their families as well. Fortunately, the connections between the HCPs inside and outside the country was well-established, they have managed to provide peer-to-peer supportive network, which they have used it to share up to date information about personal protection, infection prevention, case management, and communication.

Other simultaneous crises were fueling the worsening situation and increase the struggles in Sudan particularly for the HCPs working on the frontlines. These crises are including the deteriorating economic situation that is further indicated by the rapidly increasing inflation rate and scarcity of essential needs like foods, fuel, power supply, and lack of enough financial support. To reduce these challenges on the HCPs, Ministry of Health with their partners have successfully implemented the integration of COVID-19 prevention and control measures with other diseases control programs, which has helped in significantly reducing the number of cases and the load on the frontlines HCPs [6].

This pandemic has changed the way of living almost everywhere at all levels including our daily practices at the personal level, how we socialize, and our professional and working environments and practices. Despite going through this difficult time, we find comfort in knowing that we are not alone, that we're all in this together, and that we will get through altogether and will be more stronger.

Authors' contributions

SME, NSM, ESA, MAA, LHT, AMME, EES and AA conceived and designed the study; SME, NSM, ESA, MAA, LHT, AMME, EES and AA wrote the manuscript. SME, NSM, ESA, MAA, LHT, AMME, EES and AA revised the

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Corresponding author

Emmanuel Edwar Siddig, BSc, MSc, LIBMS
Department of histopathology and cytology, Faculty of Medical
Laboratory Sciences, University of Khartoum, Khartoum, Sudan.
P.O.BOX: 321/79 Khartoum, Sudan
Phone: 00249911300998; 00249991398388
Fax: 00249911300998
Email: emanwell-eds3@hotmail.com

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