Guest editorial

Preparedness is key - the challenge of COVID-19 in low resource settings: four checklists from Doctors Worldwide to prepare for COVID-19

For many low- and middle-income countries (LMICs) across the globe, the COVID-19 pandemic presents a great challenge to healthcare systems. Images of struggling hospitals in some of the wealthiest countries continue to fill news cycles, showing government plights of Personal Protective Equipment (PPE) shortages, low stock and unsatisfactory distribution of ventilators, and cries over the capacity to treat critical patients. Entire hospitals constructed within a matter of weeks with adequate resources on stand-by have drawn praise for the responsiveness of healthcare services in these regions. Within these countries, the pandemic has proven challenging, as well as stretched the capability of their existing systems. When considering LMICs, COVID-19 places significant further strain on fragile healthcare provisions [1] already dealing with many endemic communicable diseases (tuberculosis, malaria, viral hepatitis and HIV) among other infectious disease outbreaks (Lassa fever, cholera) [2]. COVID-19 has the potential to cripple such systems, including areas where strides have been made to strengthen current systems and improve provision. This is even more desperate when reviewing the context and situation within temporary healthcare settings, from field hospitals in regions of conflict to clinics situated within refugee camps.

While there is a degree of reassurance in the availability of information surrounding COVID-19, its sheer volume can be overwhelming when considering its translation and implementation within a local setting. The inability to recreate the preparedness “packages” on the level witnessed within high income countries creates the need for an adapted response to save lives.

Doctors Worldwide [3], a UK registered medical charity, was established in 2001 to improve the health of communities, addressing gaps in healthcare provision by means of low cost, high impact solutions. Having worked in 23 different countries and delivered more than 95 healthcare projects to date, the organisation drew on its medical expertise and available resources to formulate four comprehensive and practical checklists. The checklists, which are freely available online, focus on preparedness for COVID-19 and are tailored to healthcare work in humanitarian and low resource settings. At present the checklists have reached both settings in 15 countries across Sub-Saharan and East Africa, South Asia, and the Middle East. Additional support is provided to offer hands-on training on the checklists’ usage and in-country supervisory learning in various locations. The checklists are summarised in greater detail below.

Checklist 1: Prepare Logistically

The checklist first takes the users step-by-step through the logistical considerations including the health facility’s physical space and resources. Recognising the limitations around healthcare structures (both permanent and temporary) as well as home-based care, the guidance gives mention to the importance of educational activities within communities to cultivate understanding and foster respect for zoning measures in place, namely triage and isolation areas on facility entry.

Checklist 2: Prepare Medically

Preparation of medical support describes ways of optimising a limited workforce in addition to the clinical management of patients presenting themselves. It is critical to sustain staffing levels in order to cope with an expected increase in attendance, so particular focus is placed on ways colleagues can support one another in practicing safely. Also included are suggestions of certain routine services which the health facility can continue to deliver in order to maintain the overall health of their community.

Checklist 3: Prepare Infection Prevention and Control & PPE

Given the global demand for PPE [4], the feasibility of obtaining adequate levels of PPE remains a significant challenge. The recommendations in this checklist center around routinely assessing the risk within the facility environment and adapting the allocation of equipment as required. PPE forms one part of the checklist’s overall, detailed guidance on infection prevention control (IPC).

Checklist 4: Prepare the Community

Community public health messaging, effective liaison routes with government, shared learning with neighbouring health organisations, and ways of creating a skill-strengthening working environment for all staff working with COVID-19 patients form the final checklist area, to ensure lessons learned can feed into improved services in the future.

There is an emphasis throughout all four checklists on involving both medical and non-medical team members in discussions prior and during their implementation to ensure coordinated delivery of the objectives mentioned. All individuals involved within the management of the healthcare setting play a critical role in ensuring the wellbeing of staff and improving the wellbeing of their patients. We recognise that preparedness, even as testing in LMICs increases and further cases are identified, is still of paramount importance for healthcare settings and practitioners to be able to respond to COVID-19 as best as possible.

The link to download the four checklists can be found here: https://www.doctorsworldwide.org/covid-19/
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References

1. The Lancet. COVID-19: too little, too late? Lancet 2020;395(10226):755. https://doi.org/10.1016/S0140-6736(20)30522-5.

[2] World Health Organization. Accelerating progress on HIV, tuberculosis, malaria, hepatitis and neglected tropical diseases. A new agenda for 2016–2030. 2015.

3. Doctors Worldwide. https://www.doctorsworldwide.org/.

[4] Hopman J, Allegranzi B, Mehtar S. Managing COVID-19 in low- and middle-income countries. JAMA 2020;323(16):1549–50. https://doi.org/10.1001/jama.2020.4169.

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