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INTERNATIONAL JOURNAL OF ADVANCED RESEARCH (IJAR)

Article DOI: 10.21474/IJAR01/14300

DOI URL: <http://dx.doi.org/10.21474/IJAR01/14300>



RESEARCH ARTICLE

SAUDI MINISTRY OF HEALTH ACTIONS TO COMBAT COVID-19 PANDEMIC

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Manuscript Info

Manuscript History

Received: 18 December 2021

Final Accepted: 20 January 2022

Published: February 2022

Key words:-

COVID-19, Saudi Ministry of Health,
MERS-CoV, Pandemic

Abstract

The Kingdom of Saudi Arabia has accumulated frontline experience in dealing with highly infectious disease outbreaks. Middle Eastern Respiratory Syndrome (MERS-CoV) was first discovered in Jeddah city in 2012 and is now globally prevalent. The MERS-CoV aided the Saudi government in developing the novel Severe Acute Respiratory Syndrome Coronavirus 2 (COVID-19) guidelines as per to WHO's operational planning materials. This article discusses the actions of the Saudi Ministry of Health regarding COVID-19 with an emphasis on resilience, providing care to underrepresented communities, as well as understating its psychological impact.

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Introduction:-

In the Kingdom of Saudi Arabia, healthcare is predominantly provided by a publicly funded system that accounts for 80% of all healthcare providers in the region. The Ministry of Health (MOH) is the largest provider, with approximately 60% of healthcare facilities under its jurisdiction. The remaining 20% of publicly funded healthcare is provided by other government sectors, such as the Ministry of Defense (MOD), the Ministry of National Guard (MNG), the Royal Commission for Jubail and Yanbu, the Ministry of Education, and the Ministry of the Interior (MOI), mainly to predefined beneficiaries, such as their employees and dependents. The private sector provides the remaining 20% of the healthcare in Saudi Arabia (Khattab et al., 2019). By the end of December 2019, the COVID-19 pandemic, had spread worldwide, posing a severe threat to the well-being of humanity. Following this, countries worldwide began planning and reacting in various ways and at different times to control the spread of COVID-19 (Meo' et al., 2020).

Preparedness

Hospitals must be prepared to sustain health care and monitor the spread of COVID-19. It entails enforcing facility protocol to avoid, contain, handle, track, and classify people infected with COVID-19 or those exposed to the disease (Balay-odao, Alquwez, Inocian & Alotaibi, 2021). The Saudi government developed COVID-19 guidelines in keeping with the WHO's operational planning materials, titled "Operational Planning Guidelines to Promote Country Preparedness and Reaction." (Saudi Ministry of Health, 2020). Saudi Arabia was one of the first countries to take unprecedented precautionary steps to deter SARS-CoV-2 from entering the country or minimizing its effect if it does. These measures were taken before the country's first case was recorded on March 2, 2020. A national

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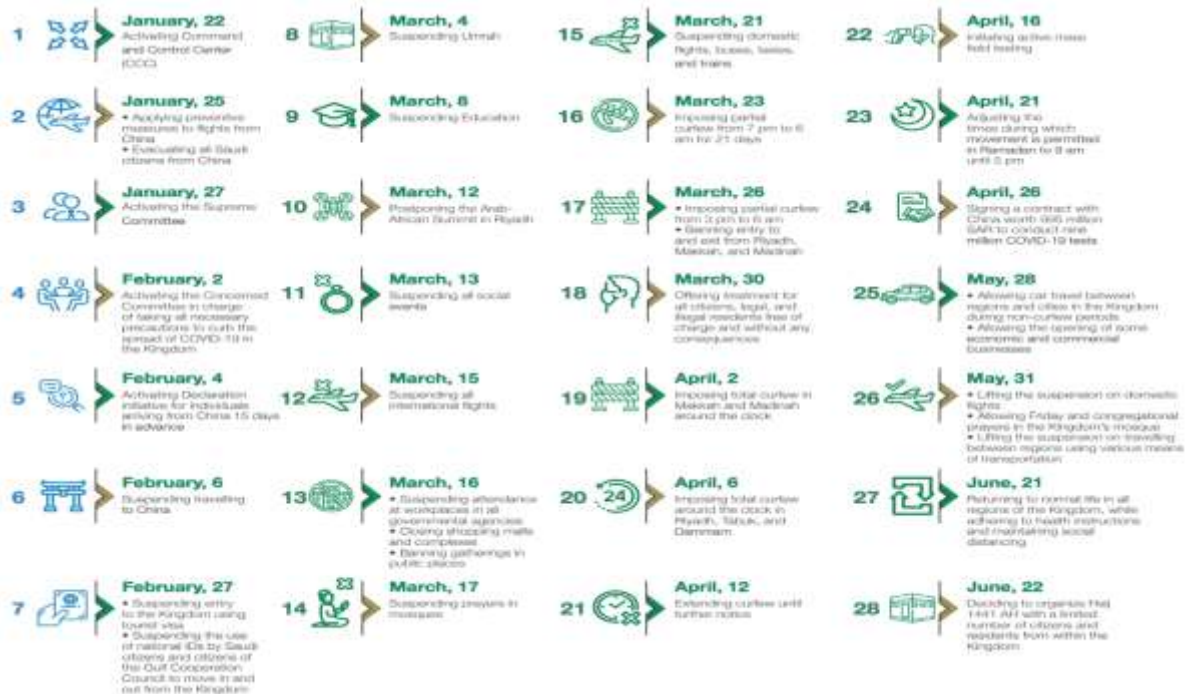
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committee was also created to keep track of global developments and plan for the potential arrival and spread of the virus, starting in early January 2020. The committee comprises government ministers in charge of health, education, the Food and Drug Administration, the interior, and other departments. Consequently, on February 6, a month before the country's first COVID-19 case, the Saudi government took the first practical step in combating the pandemic by canceling all direct flights between Saudi Arabia and China (Arab News, 2020).

On February 27, the government halted all foreign Umrah pilgrims and visitors from entering the holy cities of Makkah and Madinah and closely supervised all entry locations. By February 28, Saudi Arabia had prohibited inbound travel by people from SARS-CoV-2-affected nations, including Gulf Cooperation Council (GCC) nationals who had recently traveled to such countries. These decisions would reduce the risk of SARS-CoV-2 spreading worldwide and deter exporting cases to other countries. Despite these prohibitions, on March 2, Saudi Arabia published the first COVID-19 verified case of a traveler returning from Iran via Bahrain without reporting any previous travel to Iran. Umrah was entirely halted by March 4. Further, the two holy mosques in Makkah and Madinah were closed regularly for cleaning and disinfection by March 5. This was part of the continuing attempt to alleviate the destructive impact of COVID-19 and slow the spread of the pandemic. The Saudi government introduced remote learning and interactive classrooms in schools and universities on March 8. This was followed by a travel ban to affected nations and the imposition of universal quarantine for travelers arriving from these countries. Saudi Arabia promised \$10 million to the World Health Organization (WHO) on March 9 to assist in the war against the pandemic. Social and governmental conferences and meetings, including the Saudi-African and Arab-African summits, were canceled or postponed by March 12. Foreign and domestic air transport, sporting activities, and offices (except for the defense and health sectors) were subsequently halted. For the first time in Saudi Arabia's history, the five regular prayers were prohibited throughout the country's hundreds of thousands of mosques. Instead, all Muslims were instructed to pray at home by religious officials. This is a significant measure, given that Saudi Arabian rule focuses on Islamic law, and most Saudis pray in mosques five times a day. Digital wellness was immediately enabled and used for various programs, including the "My Health" program, which helps users get medical help and medications without going to a healthcare facility. Notably, both steps were taken when the number of reported cases in Saudi Arabia was still under 300, even though the nation has over 34 million people (Algaissi, Alharbi, Hassanain & Hashem, 2020).

(Figure 1) demonstrates the timeline of the actions of Saudi MOH actions to curb the COVID-19 pandemic.

Figure 1:- Saudi MOH actions to curb the COVID-19 pandemic.



(Saudi Ministry of Health, 2020).

Psychological Perspective

Psychological factors are considered an essential part of an individual's health and quality of life, and the WHO has highlighted the importance of physical, emotional, social, and mental well-being (Abu- Snieneh, 2020). Quarantine is a preventative measure for curbing the COVID-19. However, the psychological impact of quarantine on communities may lead to unwanted consequences that need to be understood and mitigated. Some people may suffer depression due to quarantine, travel ban, fear of infection, recurrence of disease, and side effects of the treatment itself (Ameen, Amna, Alghamdi, AlKahtani & AlYahya, 2020). The Saudi MOH's efforts to maintain the psychological well-being of its community are considered remarkable. Since the early stages of the pandemic, in partnership with the mental health team, it has provided therapy and psychological assistance to patients, health professionals, and the community to control and mitigate the social effects of COVID-19. To keep up with the development of the pandemic, the government embraced the idea of system flexibility and the ability to adapt rapidly.

Furthermore, the 937 hotlines were created to assist the public by answering questions, offering guidance, and providing medical and psychological consultations on all aspects of COVID-19 around the clock. Additionally, over 200 lectures were delivered for patients and their families for psychological support by therapists and psychologists over the Internet. The above-mentioned efforts had a remarkable impact on society's perspective, leading to favorable outcomes in curbing the pandemic (Saudi Ministry of Health, 2020).

Resilience

The Kingdom of Saudi Arabia has accumulated frontline experience in dealing with highly infectious disease outbreaks. For example, middle Eastern respiratory syndrome (MERS-CoV) was first discovered in Jeddah city in 2012 and is now globally prevalent. While MERS-CoV has spread to 27 countries, 90% of the cases have been reported in Saudi Arabia. As part of the Kingdom's resilience, the Saudi Ministry of Health (MOH) soon formed the Saudi Center for Disease Control and Prevention (SCDC) (Algaissi, Alharbi, Hassanain & Hashem, 2020). This experience helped curb the spread of COVID-19. This section outlines the Kingdom's attempts to tackle the pandemic in nine pillars (Figure 2), including critical successes and outcomes, public reviews, and health responses and preparedness lessons (Saudi Ministry of Health, 2020).

Figure 2:- MOH Pillars to Combat COVID-19.



(Saudi Ministry of Health, 2020).

Efforts Made in Treating Underrepresented Communities

Saudi Arabia has an estimated 34 million people, of whom 37% are deemed residents from foreign countries. On March 30, 2020, a Royal Decree was issued to provide free-of-charge treatment and healthcare facilities to all legal and illegal citizens without legal consequences. This measure identified and assessed the most susceptible groups at an early stage of infection and was favorably noted by the WHO. Moreover, many local and international newspapers have praised the MOH's decision to begin active surveillance in the war against COVID-19, which means going from a reaction to an action. Both legal and illegal residents were pleased with the decision and expressed their gratitude.

Conclusion:-

The Saudi MOH has made remarkable efforts to curb the COVID-19 pandemic, reaching the quality many Western health organizations achieved. This shows the resilience and experience gained from the previous health catastrophes. Furthermore, the pandemic has had a psychological and social impact among communities worldwide, and the Saudi government has taken many successful actions to overcome these issues.

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