

15 minutes to live!

Emergency Response in Time-Critical Crisis

(All kind of people affected by medical emergencies who need immediately medical interventions: heart attacks, stroke, suicide attempts, traffic accidents, severe bleeding and other medical emergencies)

Centre for Medicine and Society (ZMG), Freiburg University
Bjoern Steiger Stiftung, Germany

Mohammad Mojahidul Hossain (Bangladesh), email: mhossain_1979@yahoo.com

Rajini Dickwella (Sri Lanka)

Sonia Diaz-Monsalve (Colombia), email: sonia.diaz.monsalve@zmg.uni-freiburg.de

Peter Asaga (Nigeria)

George Norwood (Germany)

Albert-Ludwigs-Universität Freiburg

Björn Steiger
Foundation



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The Problem

The Burden of diseases



- The **WHO estimated 56.4 million global deaths** in 2015
 - **27%** were due to cardiovascular diseases (**CVDs**), 2.4% Road traffic accidents (RTAs) and other CDs & NCDs emergency situations
 - **93%** of these deaths occurred in **low & middle income countries**

- **Our recent study in Dhaka, Bangladesh** has shown that
 - **46% of deaths** that occurred in 2015 were related to **CVDs, RTAs, different injuries and suicidal attempts**
 - Remain deaths were due to other CDs and NCDs.
 - Many of these deaths requiring fast medical attention

- Deaths and disabilities due to the **lack of proper pre-hospital care** at emergency situations have become a **global public health concern.**

Transports & delay times at emergency situations in Dhaka



Transport to the hospitals:

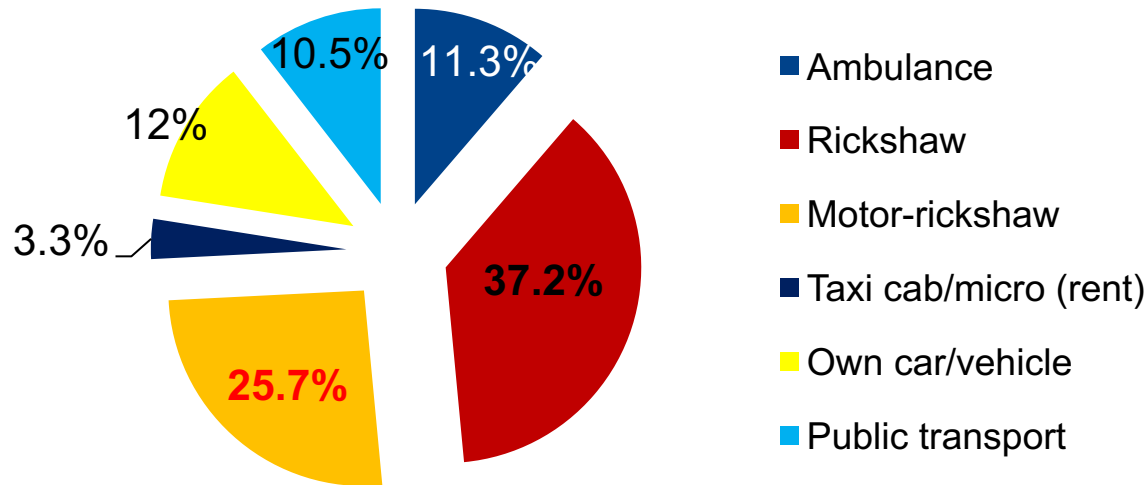


Fig. 2: **Transports** of the emergency patients in 4 hospitals (N=734)

Delay times:

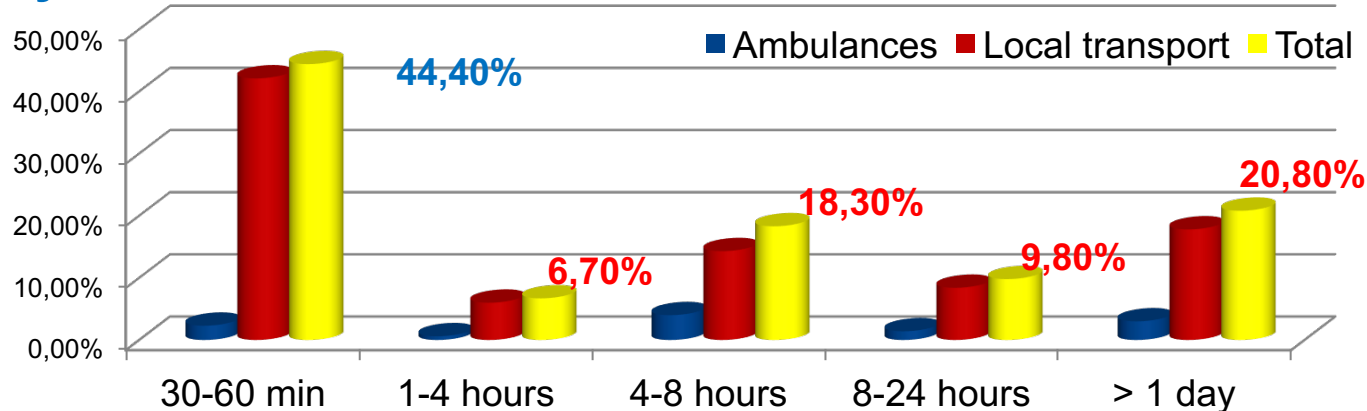


Fig. 3: **Delay times** (from start of the problem to arriving of the hospital) (N=734)

The reality of pre-hospital care at emergency situations in Dhaka



Local transports in Dhaka



Photo 1 and 2: Emergency patients were transported by **rickshaws**

Ambulances in Dhaka and situational problems



Photo 3: Emergency patients were transported by **ambulances** without proper equipment



Photo 4: A ambulance was struggling in **traffic jam** in having Right to Way



Local adaptation of a successful German model

- Call answered within 5 seconds (call centre with a unique phone no.)
- 15 minutes to receive medical assistance
- Fully equipped medical ambulances
- Training paramedics
- Improving public awareness (general population, police & policy makers)

...in a step-wise approach starting bottom up

Step-by-step approach



First step: Inter-sectoral collaboration & policy

- Formulate **SMART policy**
- **long-term target** (e.g., 10 years)

Second step: Improving the system

- **Install** universal coordination center with a standardized **phone number**
- **Re-equip** the existing ambulances with basic medical equipments and resources

Third step: Increasing capacity

- by adding ICU ambulances and skilled paramedics
- **Training** for health service providers, police and public transports drivers
- **Awareness raising programs** in the population (e.g. to give way to ambulances, call the emergency call centre etc.)

Benefits and Impact



German model is under way to be implemented in Sri Lanka, aiming to

- Reduction of **deaths and disabilities**
- National economic growth
- Improve life expectancy
- Improve the efficiency of provision of health services (i.e. Cheaper)
- Contribute in achieving global targets, e.g., Sustainable Development Goals (SDGs), United Nations decade of action for road safety

THANK YOU FOR YOUR ATTENTION

For details: mhossain_1979@yahoo.com