Q&A

Friday News, 10 April 2020

FRANCE MISSIONS

1. **Given that MdM is a medical NGO, what medical action are we carrying out in France? Does our work mainly involve advocacy and referrals? Or does MdM carry out consultations through mobile clinics for vulnerable groups who do not have access to healthcare?**

We carry out different types of actions. As part of our health monitoring activities, we provide medical consultations through temporary centres ("*centres de desserrement*") as well as through our mobile clinics. But we also carry out a lot of referral work through outreach activities. The aim is to identify potential cases and to enable them to be treated through the mainstream health service.
At the same time, we carry out advocacy work to improve access to healthcare for vulnerable people in the long term. Medical consultation is not an end in itself. Our ultimate goal is to ensure access to quality and equitable healthcare for all.

2. **Are we monitoring the situation at the Canal de l'Ourcq in particular?**

Since the beginning of the crisis, the health monitoring team has visited the Canal de l'Ourcq and the Canal Saint-Martin in Paris four times. Teams will continue to return there regularly.
Access to water is one of the most critical issues in the context of this epidemic. We urge local and regional authorities to install water supplies in slums and camps.
MdM teams are heavily involved in this. The MdM health monitoring team in Paris goes out at least three to four times a week, as does the mission working in the slums on the outskirts of the city. The homeless mission is present every night of the week on the streets of Paris.

3. **What are the biggest barriers to our work in France? Human resources? Protective equipment? And how do we overcome them?**

We are managing to recruit volunteers (see final answer below) and we have been able to order protective equipment. The Health Committee has issued opinions on the use of masks for example. It should also be noted that the energy within the NGO community and from citizens is absolutely incredible.
But the thing that is having the biggest impact is the real absence of national coordination and planning from the authorities. This is nothing new: consecutive governments have never taken into account the extreme vulnerability of homeless people, exiles, and people living in the slums. They have allowed undignified and catastrophic situations to continue, and now through this crisis we are in a way paying for the total lack of political response for years.

4. **The Red Cross has launched a hotline number open to all. Why don't we do that for people on the street as many of them have mobile phones? Is it a problem of mobilisation?**

The Red Cross has launched an overall number for the entire population. Many of the vulnerable people we work with do not have telephones. There is also an issue of understanding linked to the language problem: for example, in migrant camps, not everyone is fluent in French. We also work with people that we knew before the epidemic, and with those who are new to living on the streets. All this work taking place, led by different actors, is complementary, there can't be a single response by a single actor.

5. **Is there any hope that the improvements we have achieved in this context (access to water, etc.) will be maintained permanently?**

Of course, we always hope to improve things, but we remain cautious. We've won a few fragile victories, which we would obviously like to see maintained. It has been demonstrated that when the authorities want to, they can: they have found ways to act. For example, they have been able to offer accommodation, even if it sometimes imperfect. So, we want to build on this, keep up the pressure and continue to improve things afterwards. That is why our work is both operational and advocacy-based, to ensure that the improvements we have achieved in the context of COVID-19 continue.
Maintaining this progress will require a change in the authorities' stance, which is not a given. So far, some prefects, for example at Grande-Synthe in the Nord region, remain extremely repressive. That is why we remain very vigilant.

6. **How is gender taken into account in MdM's response (in both operational and advocacy work)?**

Even before this crisis, we were already paying special attention to women living in vulnerable circumstances, whether they are homeless, living in slums, living alone or with their families.
With our partners, we have issued press releases for greater vigilance on access to abortion in France, access which is made more complex in this period. For example, it was requested that the time limit for access to an abortion be extended from 12 to 14 weeks. This was refused.
We also pay attention to the issue of gender-based violence, particularly against women, who are even more exposed to this risk in the context of lockdown.
Several protocols have been produced to help teams in France and abroad to address this issue in the context of the epidemic.

COORDINATION BETWEEN NGOs / PARTNERSHIPS / MDM INTERNATIONAL NETWORK

(Note: various French and international 'talking points' are available on the intranet Covid/internal communication.)

7. **What links exist with national MdM projects in Europe? In particular, what joint advocacy actions are being taken with regard to the European institutions?**

Responses are now coming from the Médecins du Monde network. For example, we had initial discussions with MdM Spain, and realised that we had very similar responses in our two countries to the most vulnerable populations, in particular with regard to migrant populations and those living on the streets. We have a meeting next week with all the members of the MdM network developing national projects to exchange information, but also to see what can be done together, particularly on the issue of healthcare for migrants, which is lacking in all these countries.

8. **Do you have contacts with other NGOs that are working in France and abroad?**

We have more than contacts, we have multiple partnerships, in France and abroad, especially through long-established consortia. For example, the order and supply of protective equipment took place through the Logistique Humanitaire network, which brings together 11 NGOs. With the emergency network, Synergies, we support the project in the CAR. In Madagascar, we are starting an operation in partnership with ACF and are in discussions with CARE. We are also members of Alliance Urgence, which has launched a joint appeal for donations, but which also carries out advocacy work. For example, today *(Friday 10 April*) we will attend the Elysée Palace as part of the Alliance Urgence, to urge the French government to put resources into international aid in the context of this crisis.
Another example is that this is the first time in 40 years that MdM and MSF have made a joint appeal for donations, through the HEC and Sciences-Po alumni networks.
In France, pre-existing partnerships have been revitalised. For example, we support Solidarités International, we collaborate with MSF in the Île-de-France, and with ACF in Bordeaux and Marseille.

ADVOCACY / DEALING WITH AUTHORITIES

9. **What topics are you taking to the CNS (the French National Scientific Council)?**

We are in direct contact with the vice-president of ATD Quart-Monde, who sits on the scientific council. We sent them our findings and recommendations concerning all the groups we work with (people living on the street, migrants, drug users, sex workers, etc.). We'll be able to update this as we get more information and alerts that we may receive on the different issues.

10. **In this context, more than ever before, we can see how fundamental MdM's political stance is in defending the cause of the poorest people. Can we imagine a political offensive against governments for failing to assist people in danger or, worse, having made their situation worse?**

MdM works in the medical-social field and fights for the universal right to healthcare. We are guided by the following principles during this crisis: to protect, continue and redirect our activities towards responding to COVID; to participate in the collective response to the crisis in France and internationally; and to advocate, question, propose and litigate for the most fragile and vulnerable people to be taken in to account.
We have been following these principles in different ways (articles, forums, press releases, summary proceedings, meetings with the authorities, communication campaigns) since the beginning of this epidemic.

Depending on how the situation evolves and with other civil society partners, we may consider participating in more general legal action involving the French government with regard to the vague, if not calamitous, way the crisis has been managed. However, we believe it would be premature to initiate this type of procedure at this intense time, given that it would require an enormous amount of analytical and preparatory work, which is not currently possible, and that it is not certain that this would be understood by public opinion.
As far as international operations are concerned, it is inconceivable for us to take legal action against a state in a country in which we operate. If we did, we would no longer be able to continue our activities, and we would be putting the safety of our teams at risk.

11. **Can you ask Macron for a widespread presidential pardon? There are far too many people in prison who should not be rotting there in the current conditions. Other countries have set an example.**

In France, MdM is advocating reducing the exposure of prisoners to the virus. For example, we are calling for alternatives to imprisonment to be prioritised, as well as placement under judicial supervision rather than pre-trial detention. We are also calling for the suspension of sentences on medical grounds, for the most vulnerable people.
In addition, we are advocating that family ties should be maintained through video-conferencing and telephone calls, which should be reflected in investments in communication equipment in prisons.

HUMAN RESOURCES

12. **Do we have an idea of the number of MdM staff who have/have had COVID-19 in the different countries of intervention?**

For confidentiality reasons related to the personal data of our staff, there is no obligation to provide this information. However, to date, we are aware of just over a dozen cases, half of which are at headquarters, and two international cases. None of the known cases have required hospitalisation.

13. **Do you have enough volunteers to support the projects at the moment, especially in the Île-de-France area?**

The more volunteers, the better. We have seen the average age of our volunteers getting lower, with older volunteers withdrawing for safety reasons. Many thirty-somethings are now very active. The teams are now staffed, but we need to regularly rotate our volunteers and allow the teams to rest.