

Q&A

Friday News, 3 April 2020

Questions on logistical issues

- **Do we know if there is or will be a shortage of protective equipment (masks, gloves, etc.) for our teams in certain missions? And is there enough PPE (Personal Protective Equipment) to protect international staff despite restrictions in the country?**

Given the enormity of need around the world and the fact that all governments and organisations are trying to procure the same items at the same time, it is extremely complicated to ensure that MdM missions are equipped.

The medical advisors and the Health and Advocacy Directorate (DSP) have conducted a review of PPE requirements. A number of pieces of equipment were able to be purchased locally, particularly in Asia and Latin America, and the review made it possible to identify the remaining purchases that needed to be made internationally. Thanks to the hard work of the Logistics Department, two orders, covering approximately three months of the identified requirements, have been placed and the additional equipment should arrive within two weeks. Further orders are likely to come in mid-April.

- **MdM has ordered medical equipment for our international missions. When this equipment is sent to the field, what guarantees do we have that these valuable items will not be misappropriated or requisitioned when they arrive at customs?**
- **Why not stock the equipment in Dubai for African countries? This would prevent it from being misappropriated and would reduce storage and other costs.**

It is impossible to have firm guarantees on this matter at the current time. We conduct most of our missions work in partnership with local authorities to limit these risks.

Unlike other NGOs, we do not have a logistics platform in Dubai. In any case, at this stage, there is no guarantee that there would be fewer requisitions in Dubai were the pandemic to spread there as well.

- **How is equipment delivered when borders are closed?**

Trade borders are still open in most countries. At the moment, it is the movement of people that is prohibited or restricted. Travellers from the most infected areas, such as Europe and the United States, are banned from entering almost all of our countries of intervention.

- **If the masks arrive in France, how are we going to get them to our international projects given that exports are blocked?**
- **What assurance do we have that we will be allowed to take PPE (especially masks) out of France when this is currently forbidden?**
- **Is there a risk that the equipment will be requisitioned by the French government and that we will find ourselves unable to export it to our international missions?**

The ban on exports is not comprehensive. It is possible to ask for exemptions. Other organisations have already chosen to do so. In addition, French NGOs are carrying out advocacy work with the French government, and through it with Europe, to facilitate exemptions (to bans on exports and travel) for humanitarian actors. Moreover, we are studying the possibility for certain suppliers to deliver the material directly in the destination countries without going through France.

Questions on international interventions

- **Which two countries are/are not in phase 2?**

As of last Friday, only Yemen was still in phase 0 (no cases).

East Africa is in phase 1 (Madagascar, Ethiopia, Tanzania, Kenya, Uganda), as well as the Central African Republic and Syria (where it is difficult to know what the actual situation is).

In addition to France, Italy, Algeria, Egypt, Lebanon, Iraq, the Philippines and Colombia are in phase 3. All other countries are in phase 2.

- **In practical terms, what kind of interventions does MDM intend to do? Algeria is the most affected country in Africa. Does MDM have a response plan or support plan there?**

Generally speaking, MDM is positioning itself with its current beneficiaries and partners. We want to continue our mission to improve access to care for vulnerable populations in the locations in which we are currently operating, by adapting to the context of the pandemic. We are therefore redirecting part of our activities towards information, prevention and protection. As far as possible, MDM will be present at an early stage (prevention, identification, triage). Because we are positioned as a level one actor with regard to healthcare systems, we will not be intervening directly in serious cases, other than to provide material support to health facilities where necessary and in exceptional cases. Nor will we open up new missions to respond specifically to this crisis.

In Algeria, as is the case everywhere else, the first step consisted of training our teams and beneficiaries on protection measures. Currently, only telephone psychological consultations continue to be offered to our target audiences, namely migrants and sex workers in Oran. Discussions are under way with our donors to distribute food to these same groups, as well as to provide logistical assistance to doctors who will come here from other regions (housing assistance, etc.).

- **Can you give some examples of support to MoH and examples of COVID-19 activities that have begun?**

In Madagascar, we have been working with several health facilities on SRH issues. The Ministry of Health called upon MDM, which offered to support these same facilities in the response to the epidemic. This will involve providing equipment, training staff, developing and communicating prevention messages, and supporting the implementation of a triage system.

In Pakistan, the Ministry of Health asked us to support them with protection and disinfection equipment. Information and prevention materials will also be produced and distributed.

- **Can you give us some practical examples of intervention?**

Here is a practical example from Colombia: *"After a great deal of preparatory work, especially on the protocols for protecting the teams and for holding medical consultations, the team carried out its first COVID-19 intervention on 30 March in Ipiales, an area bordering Ecuador where we have been working with migrant populations from Venezuela for the past year. After disinfecting the premises with the support of the fire brigade, the MDM team carried out more than 15 psychological and 51 medical consultations during the day, with only one suspected case of COVID-19. As part of the mechanism set up by Colombian health authorities, we reported this to the emergency centre which provided ambulance transport for this patient to carry out the necessary tests."*

In the Philippines, we provide remote consultations and electronic prescriptions. Hygiene kits have been purchased to distribute to our beneficiaries, and medicines for chronic diseases have also been purchased to maintain access to care.

In our projects with drug users in Georgia and Myanmar, advocacy is carried out with the national authorities to get permission to extend the duration of substitution take home doses (THDs).

- **You talk about some response projects in health facilities and hospitals, but didn't mention Uganda; what about our MDM hospital in Uganda which is located in a camp for 250,000 refugees?**

For the time-being, the COVID-19 crisis has had no direct impact on the continuity of activities, as no cases have been recorded around the Bolomoni health facility which is supported by MDM. One suspicious case was identified but the tests conducted by the district surveillance teams was negative. In the health facility, which is a semi-permanent structure, standard operating procedures have been prepared by the team, the patient circuit has been readjusted and an isolation room with a capacity of five beds has been set up. Orders for personal protective equipment (PPE) have been placed locally. A sharp rise in prices on the local market has been seen and the possibility of buying internationally has become increasingly complex. However, the teams are looking at all the options.

As a medical actor in the refugee camp, MDM participates with the IRC (the second largest medical actor in the camp) in the COVID-19 task force, which is held in the presence of the health authorities. MDM also participates in the Health Cluster on a weekly basis.

The teams have taken part in two awareness-raising sessions since March. Stress management training for the teams is scheduled for this week.

It should also be noted that national restrictions on movement and gatherings have already had a major impact on all community activities. The lack of public transport makes access to the health facility difficult. MDM has therefore joined with other partners and the MoH to implement an action plan to remove barriers to access to healthcare. Discussions are under way with the DoH about referrals in the community to share ambulances, establish a referral zone and create a call-centre with a dedicated helpline. This is urgent, because the high transmission season for malaria is about to begin.

Questions on advocacy

- **Some countries (such as the USA) appear to be tempted to recruit medical staff from some of the countries in which we intervene. This can already be seen in Nepal by the Americans. There is a risk of making our countries of intervention even more fragile. Has advocacy on the subject of maintaining medical HR been considered?**

Several advocacy actions are being carried out in the context of the current crisis, and there will be a need to adapt the strategies for influencing policy to each specific context in which MDM works.

Most recently, in partnership with Crisis Action, we led the call for a comprehensive ceasefire in conflict zones. This applies both to major conflict areas such as Syria and Yemen, but also to more local conflicts. The MDM network has drafted a joint statement: "*Pandemics know no borders*".

But more broadly, as the pandemic threatens to transform a global health emergency into a global humanitarian crisis, other advocacy messages are being developed in partnership with our field teams, partners and networks of international actors.

In particular, we will be paying particular attention to the threat that the COVID-19 pandemic poses to countries with the most fragile health systems. For example, we want to ensure the maintenance of Official Development Assistance, and the establishment of additional resources by donors for humanitarian NGOs.

While to date we are not specifically advocating for the maintenance of medical human resources in countries, we have emphasised in various initiatives the importance of maintaining humanitarian access and protecting healthcare workers.

Questions on France

- **There is a gap between the recommendations made by the various scientific committees and the field teams with regard to managing COVID-19. (The attached document should be advocacy material). We're finding it hard to provide people with shelter. Collective solutions such as requisitioning sports halls may be counterproductive in that they may encourage transmission. What advocacy work is MdM carrying out on the national and regional levels?**

MdM prioritises outreach activities for people who are homeless. We advocate the provision of immediate accommodation solutions for everyone living on the streets, in squats and in camps, in order to protect their health. But these solutions must make it possible to comply with prevention and lockdown measures: requisitioning hotels and holiday centres, where individual accommodation can be offered. Accommodation in sports halls cannot be considered as a suitable solution and should be avoided as much as possible, as social distancing measures cannot be implemented there. MdM takes this position at regional and national level, in all interactions with public authorities and the media.

- **Where can I find a list of requests for healthcare staff for our missions in France?**

The regional MdM offices relay their needs for volunteers via social networks. And the new employee positions are accessible in the Recruitment area on MdM internet site.

In addition, we cross-reference the needs expressed by the regional offices and the resources present in the teams of employees against the time available.

When we need specific skills for well-defined actions, we will communicate these to you through your usual contacts.