



Q&A

Friday News, 27 March 2020

INTERNATIONAL MISSIONS

- *Without additional resources in terms of equipment and HR, international missions will be blocked, despite the Operational Continuity Plan. How can we continue our work and provide solutions to respond to the crisis in contexts where the healthcare system is very weak?*
- *Internationally, there is a huge need for personal protective equipment (PPE) for teams, partners and healthcare centres. How can we meet these needs quickly?*

There are a number of different situations that are country-specific:

- Some missions are able to obtain supplies directly: this is the case, for example, in Colombia, Mexico, Myanmar and Pakistan
- Other missions are supplied by the World Health Organization (WHO), as is the case for Madagascar
- Missions without supply channels are being prioritised by the logistics department, which makes global purchases.

- *In order to develop our response to the epidemic, the necessary human resources need to be available. This is not the case in all areas, with the closure of certain borders, etc. How do you plan to deal with this?*

In the short term and in view of the closure of certain borders, priority is being given to recruiting national staff. The activities of some of our staff can also be redirected to meet the operational needs of the mission.

In the medium term, in order to anticipate possible needs for the rapid deployment of human resources internationally, the HR department will get back in touch with the people in our pool of candidates and former Mdm employees to identify their availability and the profiles available (logistical, administrative, medical, nursing).

- *Does this mean that there are no more priority 2 and 3 countries? We already know the capacities of some MoHs. In some cases, needs have already been identified and can sometimes be anticipated. Can priority 2 and 3 countries therefore position themselves with donors?*

The trajectory of international operations 2020–2022, published last July, organised all projects into three levels of priority (see the email sent by Philippe de Botton on 16/07/2019).

These priorities continue to apply to long-term projects, but all our international missions can organise an operational response to the COVID-19 epidemic, according to need and the human and financial capacities available.

- *What's the latest on International Operations activities?*

Weekly reports from the units started being widely distributed this week.

More generally, many activities have been suspended because all the countries in which we operate have been affected by the COVID-19 outbreak.

Nevertheless, almost all teams have begun to adapt their work to meet the challenges of this epidemic:

- Prevention/awareness raising activities + support to our partners (such as NGOs and the Ministry of Health) + sometimes advocacy for access to healthcare for the most vulnerable + MHPSS: this is the case for example in Italy, Bulgaria, Georgia, the Philippines, Iraq, and Egypt.
- Prevention/protection activities to maintain pre-existing activities (e.g. Kenya, Pakistan KP, Myanmar, Mexico).
- The beginning of more significant redirection towards a more specific response: for example, Colombia; joint response with the Ministry to support the hospitals in Antananarivo in Madagascar.

MDM NETWORK / INTER-NGO COORDINATION / PARTNERS

- *Has there been coordination with other NGOs, partners or the network?*
- *Has any work been set up with Alliance Urgences?*
- *Are inter-NGO partnerships planned to better respond to the crisis?*

The MdM network holds a specific weekly meeting on this crisis, as do the directors of international operations. The different communities in the network, including the advocacy and communication communities, are in regular contact. In addition to sharing information, the aim is to identify possible ways in which we can pool resources, identify needs and funding opportunities, and carry out joint advocacy work.

An appeal for donations via Alliance Urgences will be launched within the week, and AU has a representative on the National Scientific Council. Joint advocacy will be carried out.

In Madagascar, we are coordinating with ACF on supply issues.

FRANCE MISSIONS

- *What's the latest on French operations?*
- *Where can we find the list of ongoing programmes in France?*
- *How many of our French CASOs are still open?*
- *Are we going to consider other ways of treating our beneficiaries and to what extent do we plan to redirect our activities (hotline, psychological support by telephone, monitoring quarantined patients, remote consultations, distribution of masks, more support in hospitals, etc.)?*

A large number of CASOs have redirected their work towards providing remote medical and social support (telephone support to current patients and/or hotlines), although some have maintained a physical presence. The same principle exists for the Sex Workers, Unaccompanied Minors and Health Mediation programmes, among others.

More generally, the French programmes have been redirected towards prevention, referral and support for the healthcare pathway: these are outreach actions, which take place before the involvement of mainstream healthcare services and hospitals.

The public authorities are setting up Mobile Health Teams (known as EMS) throughout the country, with very different dynamics depending on the region (some are highly proactive, others are very discrete) and which rely on NGOs for their implementation. These mobile teams aim to reach people living in squats, camps, slums and in the streets, and depending on the number of accommodation spaces available, refer them to these facilities. In the event of a suspected case of COVID-19, temporary facilities known as "*centres de desserrement*" are being set up in the regions so that people can be quarantined in better conditions.

Certain teams in the French sector are involved in these measures and are sometimes even leading them. Other teams are supporting these arrangements with additional outreach patrols. Finally, others are involved in providing joint NGO responses when the public authorities have not taken sufficient action.

We are regularly reviewing our actions in France according to how local situations are developing, in particular with regard to setting up the mobile health teams. Regular updates are made with the coordinators, and the information is centralised in a document that is then widely shared with the teams.

A wide variety of actions are being taken, depending on the needs that have been identified and the capacities of each mission (which have often been highly affected by the availability of volunteers).

• In all regions, MdM is in close contact with our street teams. The government's strategy for specialised accommodation centres is in danger of being overwhelmed. The DDCSs enable street teams to refer people to hotels. Unless measures inspired by crises such as Ebola are put into place, there is a risk that healthcare workers themselves will be at the origin of massive transmission. How can we best advise and influence patient healthcare pathways with other international players who have experience on the ground with issues such as Ebola?

Teams throughout France are closely monitoring the opening of these shelters for vulnerable populations, and the temporary accommodation facilities for people suspected of having COVID-19 but who are not in a serious condition. In regions where these facilities are not yet operational, advocacy is carried out, often with other local NGOs, to ensure that these facilities are opened quickly.

In addition, protocols have been put in place to protect all our teams and ensure they do not become a vector for the disease.

HR ISSUES

- At the beginning, the Executive Director said that short-time working measures, as have been implemented elsewhere, would not be widely implemented. And yet now, short-time working is considered... Who will decide this? And on what grounds? What does it mean?*
- What solutions are envisaged for employees whose activity is reduced due to quarantine?*
- Joël, you mentioned "paid leave" among other HR solutions. Can you elaborate on that?*
- What about paid leave that had been booked during April? Can it be cancelled?*

As indicated in the various communications relating to COVID-19, two of the principles guiding our management of the epidemic and its impacts are "the desire to ensure the continuity of our activities" and "the desire to be operationally present with our beneficiaries and vulnerable populations whenever possible".

For employees at HQ and the regional offices

We have therefore launched a survey to identify the workload of each person in the context of the suspension of certain activities or the impossibility of organising work due to the impact of COVID-19 (teleworking, unavailability of certain stakeholders, etc.). This should provide us with a comprehensive overview allowing us to implement appropriate HR measures.

The first of these measures will be the redirection of activities in the light of the HR needs identified by the operational and support directorates, management of paid leave that is appropriate for the situation, and the possibility of implementing short-time working measures, where such a possibility exists. All these points are of course under discussion with the works council as far as employees with French employment contracts are concerned.

These HR measures will evolve according to the situation and the impact it has on the organisation. For example, it was decided that during April, it would be possible to compensate for loss of salary linked to the implementation of short-time working. Further HR measures will be detailed when we update the HR frameworks for the management of the COVID-19 outbreak, which will be released at a later date.

On the more specific issue of paid leave, the laws passed in the context of managing the epidemic authorise employers, with regards to employees with a French employment contract to:

- impose or modify the dates for taking part of the paid leave up to a maximum of six working days, by making an exception to notice periods and the terms and conditions for taking such leave, as defined in the provisions of Book I of Part III of the French Labour Code and in the collective agreements and conventions applicable within the company

- impose or unilaterally modify the dates of reduced working hours, rest days provided for in flat-rate pay agreements and rest days allocated to the employee's "time saving account" (CET), as an exception to the notice periods and terms defined in Book I of Part III of the French Labour Code, in collective agreements and contracts, and in the general statutes of the civil service, without the employee's agreement and without a limit on the number of days.

We do not rule out applying these measures in the interests of the organisation, in order to balance the medium-term workload between employees whose activities are suspended and those whose workload has increased as a result of managing the impacts of COVID-19.

It is also hoped that, when the context allows, activities can resume a normal rhythm within Médecins du Monde and that all leave is not taken during this period.

These measures will be applied in a considered way, they must be the subject of a constructive dialogue between department managers and employees, and must be approved by the relevant Directors.

With regard to leave in April, leave that has already been booked cannot be cancelled except at the express request of the heads of Department when justified by the workload.

For employees on international assignments

Please refer to the HR Note on International Missions.

- *How do you identify the skills of salaried and volunteer resources for redeployment? How can we offer to do something different?*
- *How should we respond to volunteer requests? Do we need volunteers on certain missions (apart from medical skills)?*

The activity survey table (currently being filled in by all departments) should make it possible to identify the employee resources to be redeployed. This same approach must be considered with volunteers with regard to their activities.

Reinforced HR requirements are currently being identified by all of the directorates and delegations in France.

- *Have the recruitment exercises that were due to take place during the quarantine period been postponed?*

Each recruitment exercise is reviewed on the basis of the urgency of the post in relation to mission and programme activities, as well as our ability to ensure a satisfactory induction for the person recruited.

Finally, in view of the quarantine measures and border closures, recruitment is currently only being approved if it is possible to organise the position to work remotely (teleworking) over a specific period.

- *Do we need to worry about job security?*

Médecins du Monde is making every effort to maintain its usual activities and develop actions in the context of the COVID-19 epidemic.

Therefore, there are no plans to abolish existing posts at this stage. However, in view of the constraints linked to quarantine and travel restrictions, recruitment may be postponed.

- *Is MdM providing psychological support during the quarantine period?*

Médecins du Monde is particularly attentive to the needs of its field staff (France and international) and staff at HQ.

If you feel the need for psychological support, you can contact your career officer, who will put you in touch with the right people and will explain the steps to follow. MdM has a network of psychologists who speak different languages. (see the Psychological Support guide available in three languages).

This applies to all MdM actors, regardless of status (volunteers, employees covered by a French employment contract and employees covered by a national contract), although the responses provided may vary according to the needs expressed by the missions and the restrictions on availability/travel.

- *Are there any cases of COVID-19 at MdM headquarters?*

Management is following reported cases very closely. It is recommended, but not compulsory, to report cases within MdM and across our field offices.

- *Will expatriates be repatriated?*

Medical and security evacuations are governed by standard operating procedures.

Some security or preventive evacuations have been organised for some posts, some are under way, and the closure of many airspaces is making repatriation more complicated.

In the context of the COVID-19 epidemic, an expatriate employee presenting symptoms must consult a doctor as soon as possible and inform the general coordinator, who will inform the desk manager and the career officer so that a file can potentially be opened at Mondial Assistance.

Contaminated expatriate employees will not be systematically evacuated; it is the seriousness of their condition that will be considered by Mondial Assistance to consider whether or not to repatriate them.

- *Do you think it is possible that we will return to our workstations by the end of April?*

It is currently very difficult to predict the end of the quarantine period. We will follow national guidelines, which will be issued as the epidemic evolves.

COVID-19 STRUCTURES

- *Who are the members of the medical unit and what are their qualifications ? Please distribute the list by email if possible.*

A “scientific committee” (the name has not yet been decided upon) has been set up in the context of managing COVID-19. Its role is to consider medical and health issues in order to produce detailed and documented recommendations for the organisation.

This is a joint committee composed of two representatives of the Health and Advocacy Directorate (Sandrine Simon and Sarah Neusy) and three representatives of the Board (Patrick Bouffard, Florence Rigal and Catherine Giboin). Resource people may be invited on an ad hoc basis depending on the topics covered. Its recommendations will be reviewed and approved as appropriate by the DMA, which is made up of the members of the Bureau and the Executive Director. This DMA meets twice a week.

COMMUNICATION / EVENTS

- *Regarding the steering / communication committee: is there an e-mail address that we can use to submit questions and comments? Will it go through the DOF?*

Questions about the management of the COVID-19 epidemic must be raised through the usual channels of communication, i.e., through department heads. If the heads of department are unable to answer these questions, they will relay them to the representative of their Directorate within the COVID-19 Task Force.

In addition, an External Communication Committee has been created to provide policy guidelines for external communication on the current health crisis. This is a joint committee composed of three representatives of the Board (Fyras Mawazini, Carine Rolland, and Roberto Bianco-Levrin) and two directors (Jean-Baptiste Matray and Sandrine Simon). Its proposals will be submitted to the DMA for approval.

- *What line should we take should be used when communicating with our donors, partners and funders?*

Information on the line to take is available on the COVID-19 intranet space.

Generally speaking, Médecins du Monde seeks to continue its work with the same groups we were working with before the crisis: vulnerable people who find it difficult to access healthcare. We carry out prevention, information and protection activities and ensure that these populations are not excluded

from healthcare, and this holds for all types of pathologies at a time when healthcare systems are going to be put to the test. Continuity of access to care for our beneficiaries is a major focus of our work. In addition, as far as possible, we work in conjunction with national response plans.

- *Would it be possible next week to make two separate Friday News: one for France and one for the international missions in order to make the most of the meeting time?*

Questions and information related to French and international operations are at the heart of our exchanges and discussions. You have already received several communications, and this will continue this week. There will therefore be an update on our operations at the next Friday News session and the Directors of the DOF and DOI will be asked their views on these subjects through the Friday News and/or other internal communication tools.

- *Our events have been cancelled as a result of this crisis. Can you tell us which events cannot be rescheduled? (Science Day, mission days, MdM community days, etc.) ?*

For the time being, the Science Day has been rescheduled for the end of September, but its postponement/cancellation could be considered again depending on how the situation evolves. The same goes for the mission days and MdM community days, which we hope to reorganise in autumn. But it is still too early to set a date and confirm whether they will take place.

FINANCES

- *How will MdM's budget be affected by this situation?*

The financial analysis is ongoing, as this affects a number of parameters. On the one hand, a number of positions are expected to under-consume resources as a result of delayed recruitment procedures, cancelled events, etc.

On the other hand, we have to deal with unforeseen expenses: activities targeted at the fight against COVID-19, orders for protective equipment, etc.

Our donors have taken different approaches to the situation: while most of them have accepted that part of the initial funding should be redirected towards activities to prevent or respond to the COVID-19 crisis, others are offering No Cost Extensions, which will leave us responsible for covering the fixed costs of the missions concerned.

In the medium term, it is also the impact of the crisis on certain donors, such as the Regional Health Agencies, which will certainly have repercussions on our budget.

As for fundraising, the objective is at *least* to balance what will have to be postponed (street marketing type activities) against the targeted fundraising already underway for the COVID-19 crisis.