Q&A

Friday News, 17 avril 2020

MADAGASCAR MISSION

1. **President Rajoelina has positioned himself for a plant-based medical approach which is controversial in the scientific community. What will be the position of MdM if the Malagasy Minister of Health "encourages" us to go in this direction?**

This announcement has indeed been made, but remains to be verified. From our side, we do not deliver any treatment, and are only present to support the organisation of care services. Therefore, the question will not directly concern us anyway.

More generally, we would ask our partners to influence and bring the Minister for Health to his senses. What is most important is our link with services users; but we could not support a position that would tend to say that COVID-19 can be cured by plants.

2. **What is the position regarding sex workers, people who use drugs, migrants, and people in the street? Are there temporary centres? Hotel beds?**

We are concerned about the situation of these populations, but given our relatively limited capacities, and the fact that we did not already have any ongoing projects with these populations, we have not yet developed specific activities. This is one of the ideas that we would like to develop in the future, but for the moment we are already very busy with the two strands of activities in hospitals and health centres. On the other hand, the government has decided to house people who were on the street in shelters, which would be the subject of debate. Other organisations are working on this subject.

Regarding sex workers, the economic impact is very strong. Therefore, in the framework of our consortium with ACF and Care, these two partners will be in charge of distributing cash to deal with the economic difficulties, and in particular the resulting difficulties of feeding themselves.

3. **In the centres where SRH activities were already being carried out, will it be possible to maintain SRH activities or is there a real risk of reorientation towards the COVID response?**

Yes, there is a real risk. The government has decided to open the health centres 24 hours a day to be able to receive patients suspected of being infected with COVID-19, but with the same number of staff, which means half the number of staff present at all times, all the services will suffer. This is why we are continuing our advocacy activities to maintain access to contraceptive products, and why we remain present in the health centres where we were already working to continue our support for these services. In addition, in this context of confinement, we are aware that women are particularly at risk of domestic and sexual violence. It is therefore important to remain present with regards to this population.

4. **Do you have information on the situation in the Comoros? Very little information and no cases have been reported.**

We do not have any information on the Comoros, but we do have a team present in Mayotte, where the situation is complex, as it was even before COVID-19. There are very few cases, although this is probably underestimated. The situation is complicated regarding access to water and food for extremely precarious

populations, especially Comorian migrants who are numerous in Mayotte. However, thanks to the mobilisation of associations, the situation has improved somewhat.

FRANCE MISSIONS – PROVENCE-ALPES-COTE D'AZUR (PACA)

5. **Are there activities in Briançon regarding migrants? At the border crossings and mountain patrols?**

The activities of the border programme have been temporarily suspended:

- Lower border (Vintimille) since 16 March, mainly due to the closure of the border and the lack of availability of active volunteers.
- Upper border (Briançon): the Mobile Shelter Units (UMMA) are suspended, in connection with the cessation of the patrol activity of our partner "Tous Migrants" and due to very low number of crossings.

The situation is being closely monitored with a possible resumption if new arrivals are detected.

6. **What is the situation in Baumettes prison?**

We are not working on it, but the team has information through their network. There have been very few cases of COVID-19, all recovered after a stay in the Intensive Care Unit (ICU) and a period of confinement. Supervisors who have been in contact with cases outside the workplace observe quarantine periods before going back to work. Dental care has slowed down, as everywhere in France, with a restriction to urgent care.
The number of new admittances is limited, due to a decrease in immediate court appearances, apart from in cases domestic violence. On the other hand, drugs are still coming in, and workers observe more fights breaking out.

7. **What is the situation regarding sex workers, people who use drugs, migrants and people living in the street?**

The situation for sex workers is disastrous because effectively, nothing is thought of in terms of support during this period. For people who both in irregular situations, and suffering from addictions etc., there is no response. Associations in charge of these groups (such as « Autre Regard », Le Bus 31), are trying to alert authorities to their difficulties. There are regular difficulties in guiding these groups. When sheltering is possible, people find it difficult to accept it: either because they do not want to be isolated from their living environment, or because the solution does not suit them. When you put a person who uses drugs in a hotel, unaccompanied, it is almost impossible for that person to stay quietly in their room. The responses are not up to the standard they should be for people who are either in a survival economy, and can no longer carry on with their economic activities, or people who have several addictions. The idea of making cash transfers has also been raised, but the situations remain very complex in terms of a response.

8. **Guillaume used the term Health Regional Agency operators in the context of our intervention in Gap. Can he explain this positioning and the operational consequences?**

"Operator" means that we have ARS funding that covers the recruitment of salaried time, which allows us to put in place a public response to a given situation. It is true that this is not our usual way of operating, as we generally work with volunteers. But we are in a time of momentary change of culture during the time of the crisis, to be able to respond in a territory where there is very little associative framework and in a limited scale of response. This makes it possible to develop a system that responds to the challenge as public authorities do not have the capacity to do it. We have therefore recruited a doctor, a nurse and a Guinean peer educator to operate the precarious mobile health unit and ensure follow up at the temporary centre.
This is in line with our national strategy to participate in the collective effort and national response, while maintaining our vigilance, freedom of speech, and strong advocacy at both local and national levels. For

example, a petition was filed this Friday 17 April to request the sheltering of unaccompanied minors from the Saint-Just squat.

9. **Is MdM connected with Professor Raoult? What is our position with regard to his mass screening strategy?**

The position within MdM is clear on testing: we are in favour of targeted testing of vulnerable populations, which is what the government will most likely put in place, something that Professor Raoult is not opposed to, on the contrary. The difficulty that we have is regarding the use of hydroxy chloroquine as treatment, which today is not sufficiently well developed to confirm its significance.

We have decided to participate in an action-research project in Marseille that will allow us to test our populations with rapid test, but not necessarily with IHU (Institut Hospitalo-Universitaire) and the services of Professor Raoult, with whom we have no particular connection. What we do know, is that there is no discussion between the ARS of the PACA region and the IHU, which works alone on its communications. Professor Raoult's last speech was to announce that the epidemic was declining in PACA, although there is no guarantee of this.

As a reminder, the MdM Health Committee has taken a stand against the use of hydroxy chloroquine in our programmes in France (See here). Other positionings on testing and treatment are to come.

10. **What happens to symptomatic people without access to rights? Are they systematically tested? Is testing a condition for accessing the temporary centres?**

The national recommendations are to test the first three people presenting symptoms as part of the exploration of potential outbreak of cases, whether in a facility for homeless people, for example, or in squats and slums.

In the context of a suspected case (assessment of clinical signs) by a mobile medical unit, for example, it is currently the free services in public hospitals dedicated to the population without medical insurance/hospital services in connection with the 15 (national call centre) that provides screening.

Currently in the region, specialised accommodation centres are intended to accommodate all people for whom a presumption of infection by the coronavirus has been made, and those for whom it is not possible to confine at home in the required conditions or who are in the street (a method that is applied in various ways on French territory).