

# GLOBAL RESPONSE PLAN TO COVID-19

—  
MÉDECINS DU MONDE





# 1

## PRESENTATION OF MÉDECINS DU MONDE

**Doctors of the World/ Médecins du Monde (MdM) is an international human rights organization made up of 16 Chapters around the world working on both domestic and international health projects.**

Through innovative medical programs and evidence-based advocacy, Médecins du Monde empowers excluded people and marginalized communities to claim their right to health while fighting for universal access to healthcare.

 **74** countries around the world

 **330** programs to improve access to healthcare

 for almost **6** million people

Each MdM Chapter has its own legal status and is free to develop humanitarian projects within the framework of the principles and values of the Médecins du Monde International Network.

The primary aim of Médecins du Monde is to provide high quality and accessible healthcare for vulnerable populations. This includes victims of natural disasters, famine, disease, armed conflicts and political violence, refugees, displaced persons, minority groups, the homeless population, drug users, and all those who are excluded from healthcare. Médecins du Monde works also as an intermediary between marginalized people and their governments, administrations and international institutions. Likewise, Médecins du Monde's founding principles are based on the collaboration with local partners and their support. The Médecins du Monde Network is currently intervening in 74 countries around the world through more than 330 programs to improve access to healthcare for almost 6 million people.



© Cédric Martin/MdM Canada

Since its inception, the MdM Network has been engaged in responding to a range of disease outbreaks in low income countries around the world, such as the Ebola crisis in Sierra Leone and DRC, Lassa fever in Benin, Dengue fever in Burkina Faso and Central American countries, plague in Madagascar, measles in DRC, and cholera outbreaks in Haiti, Angola, and Mozambique.

# 2

## COVID-19 IN LOW AND MEDIUM-INCOME COUNTRIES AND FRAGILE SETTINGS



© Ignacio Marín/MdM Spain

 **11.8** million confirmed COVID-19 cases

 **545,481** deaths in

 **216** countries, areas or territories

Since December 2019, an epidemic of Coronavirus COVID-19 has been spreading around the world. Coronaviruses are a large family of viruses which cause illnesses ranging from the common cold (some seasonal viruses are Coronaviruses) to more severe illnesses such as MERS-COV and SARS. Since March 11<sup>th</sup>, 2020, the WHO has labelled the global situation of COVID-19 as a pandemic.

To date, 35,027,547 confirmed COVID-19 cases have been detected and the COVID-19 outbreak has caused 1,034,837 deaths in 235 countries, areas or territories<sup>1</sup>. In this particular context, COVID-19 poses a devastating threat to many of the world's poorest countries. To this end, low- and medium-income countries are majorly affected. The crisis is not only hitting the health capacities of the states, as it is turning it into a political, social, environmental and economic crisis. The healthcare systems in these countries are often highly vulnerable and not prepared to manage such a large influx of cases. **Several factors exacerbate the vulnerability in low-and medium-income countries dealing with COVID-19:**

- **A pre-existing morbidity burden** (malnutrition, HIV/AIDS, tuberculosis, other endemic diseases)
- **An urban overcrowding** and a lack of adequate shelter and sanitation
- **An additional risk** in the context of conflict or crisis, inducing displacements and refugees
- **Unprepared and under resourced healthcare systems** that are unable to respond to high caseloads
- **A fragile economic situation** and debt
- **A high average household size**



© Ignacio Marín/MdM Spain

The situations vary a lot from country to country and there is a diverse range of interventions that will continue in the short and longer term. Therefore, **the situation will require adapting a diversified set of responses.**

To date MdM has been implementing programs to fight COVID-19 in 67 countries on all continents, including low-income countries (eg. Burkina Faso, CAR, DRC, Uganda, Madagascar, Ethiopia, Yemen, Nepal), middle-income countries (such as Iraq, Lebanon, Palestine, Egypt, Colombia, Mexico, Pakistan, Philippines) and high-income countries, where the MdM chapters have their domestic programs. However, there is an urgent need to intensify and solidify the response through a comprehensive approach.

<sup>1</sup> Data from the WHO - Last update: 5 October 2020, 02:00 CEST



# 3

## THE RESPONSE PLAN

Since the beginning of the pandemic, our strategy includes a multi-scale operational intervention through an immediate health response and a containment that is to be adapted based on the transmission cycle and continued risk analysis at country level.

Each intervention relies on the country’s health system capacity and its evolving situation.

In addition, the Response Plan integrates Mdm’s values and principles. This includes **advocacy** as a key component **to defend public health policies and to protect the most vulnerable populations**. Vulnerable people and populations tend to become even more vulnerable due to factors such as lack of access to effective surveillance, early-warning systems and limited health services. Our strategy also aims to promote well-being by providing mental health and psycho-social support (MHPSS) activities integrated into public health responses. Additionally, the response would seek to prevent and manage violence, which can increase during these periods. In line with the “do no harm” principle, our staffing is appropriate to the responses and is trained and supervised. Our criteria guide for action include the following in order to identify critical relief activities and services:

- **Time-critical and/or high impact life-saving interventions** according to the pattern of transmission and local health system capacity
- **Internal operational capacity** to deliver the above-mentioned interventions at scale within the timeline and with equity considerations
- **Identification of existing gaps**

## Main Goal: Scaling up country/regional/local readiness in the 53 countries of operational presence to limit the spread of COVID-19 and reduce its impact on vulnerable populations.

In all cases, response and mitigation actions will be integrated with the overall WHO Strategic Preparedness and Response Plan and the national COVID-19 response across the major areas of public health preparedness and response. **Our focus is primarily on 4 out of 8 pillars of the WHO Strategic Preparedness and Response Plan.**

<b>PILLAR 1:</b> Country-level coordination, planning and monitoring	<b>PILLAR 4:</b> Points of entry	<b>PILLAR 7:</b> <a href="#">Case Management</a>
<b>PILLAR 2:</b> <a href="#">Risk communication and community engagement</a>	<b>PILLAR 5:</b> National laboratories	<b>PILLAR 8:</b> Operational support and Logistics
<b>PILLAR 3:</b> <a href="#">Surveillance, rapid response teams and active case finding</a>	<b>PILLAR 6:</b> <a href="#">Infection prevention and control in healthcare facilities</a>	

Mdm network has anchored its Response Plan around the following strategic priority: **Contain the spread of the COVID-19 pandemic and decrease morbidity and mortality.**



© Isabel Permyu/Mdm Spain

## INVESTING IN PREVENTION AND MITIGATION MEASURES IN ORDER TO DECREASE RISK AND PROTECT VULNERABLE GROUPS AS WELL AS HEALTH SERVICES AND SYSTEMS

1

Risk communication & community engagement

**Objective:** Communication of public health messages to the population in order to maintain trust and minimize adverse consequences of at-risk behaviours

**Priority actions:**

- Public communication
- Community engagement
- Addressing uncertainty and perceptions and managing misinformation
- Capacity building of CHW, leaders, responders, CSOs and local partners including MHPSS\*

2

Strengthening detection

**Objective:** Maintain monitoring of transmission intensity at local level; identify gaps in active case finding

**Priority actions:**

- Support containment strategies (prevent, suppress & interrupt transmission)
- Training health staff on case-based reporting and case investigation
- Recognition of suspected cases and alert
- Contact tracing
- Integrate new global knowledge (innovation) about COVID

3

Preparing institutions & facilities

**Objective:** Prevent health facilities from becoming amplifiers of transmission and protect healthcare workers for their own safety

**Priority actions:**

- Hand hygiene for staff, caregivers and patients
- Set up, revision of IPC Protocols for cleaning and disinfection
- Training of health staff, cleaner, hygienist, laundry staff and waste workers
- Disinfection and safe burial

## ENHANCING CASE MANAGEMENTPROVISION OF ESSENTIAL SUPPLIES FOR IN-COUNTRY IMPLEMENTATION

4

Case management & continuity of routine essential health services

**Objective:** Reduce the burden to healthcare facilities, reduce transmission and address the secondary impact of the pandemic on the continuity of essential services

**Priority actions:**

- Adapt health facilities & protocols
- Screening and triage: early recognition using standardized triage
- Definition of patients' pathways flow
- Referral of severe COVID cases
- Direct and remote service delivery through mobile units and online consultation including MHPSS

5

Operational support & logistics

**Objective:** Contribute to the provision of essential supplies to national, regional and local health facilities

**Priority actions:**

- Allocation of essential supplies through purchasing consortia or other mechanisms (WFP, ECHO Air Bridges)
- Distribution of PPE, diagnostics and clinical, IPC items and drugs to healthcare facilities
- Advocacy on global ethical allocation of scarce resources

## Mainstreaming gender equality and other cross-cutting issues

Coordination with all partners and support for local stakeholders is imperative. Mdm also aims to advocate to change the unbalanced power structures that still dominate the largely high-income countries concept of global health.

\* Capacity building of CHW (Community Health Workers), leaders, responders, CSOs (Civil Society Organizations) and local partners including MHPSS (Mental Health and Psychosocial Support).



# 4

## MdM COVID-19 INITIATIVES WORLDWIDE

In **Haiti**, MdM conducted educational workshops about COVID-19 protection measures for the members of 14 community-based organizations and a network of 464 traditional birth attendants to reach remote populations, particularly women, that are hard to reach. MdM has been working with the Ministry of Health and 16 health institutions in order to reinforce their Infection Prevention Control (IPC) measures and to make sure proper protocols for triage, temporary isolation of COVID-19 potential cases and references are in place. Experience from the past Cholera outbreak has been largely used in putting these measures in place.

In **Mexico**, MdM strengthened prevention and provision of emergency health services in response to COVID-19 in order to improve access to healthcare and protection of the most vulnerable in Tapachula, Chiapas State.

In **Colombia**, MdM adapted its activities to support and continue to provide access to healthcare and psychological support to migrants with a close collaboration with the local authorities and NGOs. In addition, MdM also provides individual protective material to the regional healthcare agencies.

In **Venezuela**, institutional strengthening is provided through training, provision of medical supplies and personal protection equipment (PPE) to meet the minimum standards of operational health services in order to facilitate an adequate response and handling of the first level in COVID-19 cases.

In **Chile** and **Peru**, MdM is also supporting local associations to prevent and deal with the COVID-19 epidemic.

### MdM IN LATIN AMERICA AND THE CARIBBEAN



© Olivier Papegnies/MdM Belgium

### MdM IN AFRICA



© Nicolas Fuchs/MdM France

In Niamey (**Niger**), MdM is carrying out an awareness program through a local association that supports female domestic workers who did not have access to information and protective material. In Agadez, the ongoing mental health program reveals its importance since the context of COVID-19 and lockdown significantly increased the stress for the migrants in vulnerable conditions. The teams have developed innovations through one-on-one consultations via Skype, group discussions with social distancing, or through phone conferences.

In **Burkina Faso**, mobile clinics are deployed to ensure the supply of protective equipment for health workers and training in terms of Infection Prevention and Control (IPC). At the same time, MdM has been working on improving the hygiene protocols in the health centres still operating by setting up triage stations to identify and isolate suspected patients during the mobile clinics outreach.

In Gao and Menaka (**Mali**), MdM trained the 44 newly appointed government staff and provided them with protective equipment to detect suspected COVID-19 cases at the point of entry in the city.

In **Senegal**, MdM intervenes in three core areas. First, on awareness and communication of symptoms, and with prevention and hygiene measures. Second, on training health workers on infection prevention and control measures. Third, on psychosocial support for health workers and COVID-19 patients.

In **Nigeria**, MdM has recruited additional community mobilisers to reinforce COVID-19 risk communication and disseminate IEC materials on IPC guidance. The mission has also ensured the continuity and safety from risks of infection of essential health services, through the creation of triage areas and the purchase of PPEs for health staff.

In **Madagascar**, MdM has supported 3 hospitals and 18 health centers, by putting in place triage and isolation areas; providing trainings (infection, prevention and control measure); delivering drugs and protection equipment. In synergy with other partners, hygiene protocols were put in place in all structures, and health promotion messages were disseminated among the population.

In **Kenya** and **Tanzania**, MdM provided PPE for people who used drugs (PWUD) and partners teams of the Harm Reduction projects. Protective equipment has been provided to health facilities, MAT clinics, DICs and in the hotspots. MdM also provided specific hygiene kits and food baskets for the PWUD. Then, specific trainings and IEC tools have been developed on "COVID-19 and drug use" to address the specific needs of the PWUD. In Nairobi, MdM worked closely with the National Aids Program to support a mobile van clinic for substitution treatment dispensation. In Dar Es Salaam, MdM supported the two referral hospitals for COVID-19 crisis management by providing oxygen concentrators and tanks to the intensive care unit (ICU) and provided specific training on COVID for the MAT clinics' health workers. Then, police sensitizations have been conducted after registered an increase of the violence toward the PWUD.

In **Ivory Coast**, in the HR project, MdM provided PPE for PWUD and partners teams. Specific IEC tools have been developed on "COVID-19 and drug use" to address the specific needs of the PWUD. In the SRH project, MdM provided PPE for the health facilities and partner SCOs teams and protective equipment in the communities. We've also contributed to implementing SOP for COVID suspect cases detection in the health facilities. Teams paid a specific attention to maintaining as much as possible activities of the current programs in the DIC, in the health facilities and outreach.

In Kinshasa (**DRC**), MdM had reoriented part of its activities to take into account the PCI measures to be put in place at the level of health centers supported by MdM within the framework of the Sexual and Reproductive Health program (establishment of a patient circuit, provision of protection for health center staff, briefing of teams on COVID-19) in Kinshasa. MdM is also implementing a Pilot Project for the early and active screening of vulnerable people as part of the fight and reduction of morbidity and mortality from COVID-19 in two health zones in Kinshasa.

In the **Tanganyika** region where MdM is implementing an emergency health access program for vulnerable host and displaced populations, MdM has trained community relays on COVID-19, developed SoP to adapt activities of the project to respect the barrier measures and gestures and provide the Provincial Directorate of Health with essential equipment to support the management of positive cases of COVID-19.

In **Palestine**, the team ensures the access to healthcare for the Bedouin communities in Area C through mobile clinics. MdM is supporting the local staff through training in IPC, guidelines for the prevention and response to COVID-19, psychosocial support and gender aspects that affect the way different people face this pandemic. Additionally, MdM has facilitated the development of protocols in mobile clinics and provided health materials and individual Personal Protective Equipment (PPE) as well as hygiene kits for the families accessing the service.

In **Turkey**, MdM provides referrals to hospitals and other basic services for all beneficiaries, either in-person or via an online method. MdM has also provided in-kind donations of PPE, consumables and devices to three provincial health directorates of provinces. The Medical Mobile Unit teams support the Government's migrant health centres in helping them identify, test and provide treatment to refugees/migrants with COVID-19 symptoms.

### MdM IN THE MIDDLE EAST



© Marie Monsieur/MdM Belgium



In **Syria**, MdM rehabilitated an isolation and treatment department of a general hospital, allowing it to enhance case management capacity in Afrin District. MdM has supported the establishment of triage in all primary health care clinics that are supported. MdM also donated intensive care unit beds and ventilators to secondary level health facilities. Health promotion and awareness-raising activities are conducted by community health workers, case managers, psychologists and health staff in all areas of intervention. This includes key topics such as hand washing techniques, personal hygiene, stress management, psychosocial support to parents and children, psychological first aid, how to recognize COVID-19 symptoms and available services in the area of intervention. MdM is purchasing Polymerase Chain Reaction (PCR) testing devices to enhance the identification capacity of COVID-19. A total of four PCR laboratories are planned to be established in the Northern Aleppo governorate and the Idlib governorate.

In **Lebanon** and **Egypt**, mental health activities have been adapted and reinforced to support the local populations, migrants and refugees. An on-call service is in place to help the beneficiaries to deal with the stress and other issues generated by COVID context and quarantine. MdM is working closely with the Ministry of Health in Egypt to coordinate mental health on-call services and raise awareness among the population via social media.

In **Iraq**, community health volunteers have been gathered to raise awareness on COVID risks among the local population. MdM trains medical staff of the Iraqi Department of Health to do patient triage and organization of hospitals to limit the contamination risk. Beside these activities, MdM adapted its activities with psychological support by phone in Chamesku camp and in Kirkuk.

In **Yemen**, MdM ensured operational continuity and safeguarded staff protection by providing adequate Personal Protective Equipment (PPEs) while ensuring prevention and control of COVID-19 in supported health facilities. Indeed, the team has enhanced the IPC Standards of the supported HFs through supportive supervision and on-the-job trainings and provision of hygiene and cleaning materials.

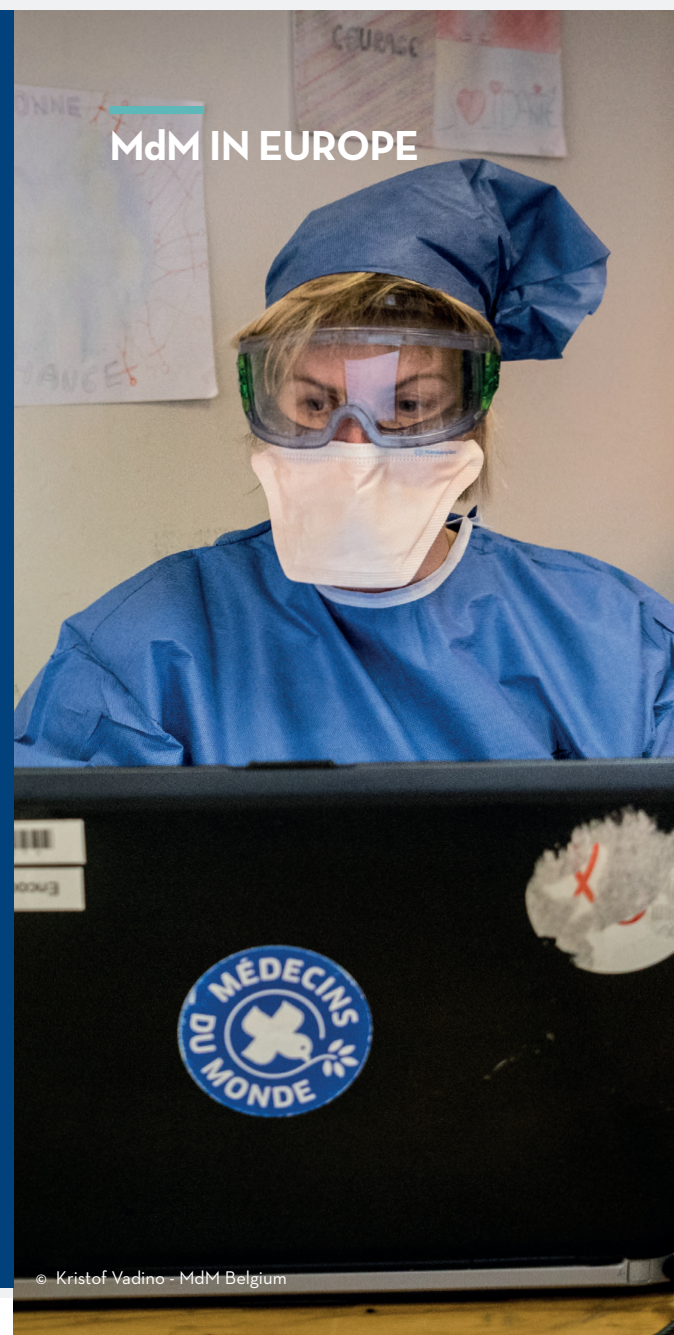
In **Italy**, MdM promptly reorganized its activities and modalities of intervention, including through online tools, to continue supporting migrants, refugees and asylum seekers. For instance, MdM set up a hotline to counsel and refer people without a registered family doctor and conducted a number of multilingual online group activities to provide information on COVID-19 or available health services. MdM has offered direct medical support to partners (through PPE and hygiene kits donations and supporting a CARITAS clinic with a doctor) and also signed a protocol with the health authorities and MSF to ensure an active epidemiological surveillance in occupied buildings and informal settlements in Rome. In the meantime, MdM continued intervening at Selam Palace, where nearly 600 migrants live, conducting awareness sessions on COVID-19 prevention and offering psychological support.

In **Bulgaria**, MdM has developed a COVID-19 response focusing on sharing information and sensitizing to COVID-19 prevention measures the Roma communities living in Nadejda camp in Sliven. A community epidemiological surveillance was also put in place to support and refer potential patients. In the meantime, MdM has continued its dialogue with local authorities and has reinforced its advocacy to ensure adequate support to the Roma population.

In **Russia**, MdM supports its partner organizations to ensure that harm reduction services for sex workers continue by increasing their outreach activities to overcome movement restrictions and organizing delivery of ART treatments at home. Sex workers have indeed been dramatically impacted by the crisis. Thus, besides its usual Harm Reduction activities, MdM helped its partner Silver Rose to propose an emergency response which included support for accommodation and food.

In **Georgia** and **Armenia**, MdM supported 19 partners with PPE for their harm reduction activities: this has allowed Drop-in Centers and social facilities to remain open, follow special infection control recommendations, maintain services for drug users and protect their staffs and volunteers.

## MdM IN EUROPE



© Kristof Vadino - MdM Belgium

## MdM IN ASIA



© MdM Japan

In the **Philippines**, through community mobilization, MdM aimed to mitigate the risks of COVID-19 transmission among the 15,000 community members living in informal housing in the Barangay 775. Alongside risk communication and community engagement, MdM distributed 8,700 hygiene kits, set up 19 handwashing facilities and 1 water tank. MdM trained 55 community health workers and equipped the Barangay Health Emergency Response Team with appropriate PPE. MdM also aimed to minimize the negative health effects resulting from the strict quarantine in Manila by providing essential medicine to local health center and operating a teleconsultation service.

In **Nepal**, MdM has developed a COVID-19 response to support vulnerable communities of formal and informal waste workers who are amongst the most vulnerable urban poor with regards to the pandemic, as well as the urban community in Kathmandu. MdM has thus provided more than 500 waste workers (informal and formal) and supported 4 health facilities in Kathmandu Valley with PPE, hygiene kits, food relief as well as trainings on COVID-19 and prevention measures, so that they can continue to work.

In **Myanmar**, the COVID-19 pandemic has severely affected female sex workers. MdM has been supporting SWIM (Sex Workers in Myanmar), a local community-based organization, in distributing supermarket vouchers to the most affected ones so that they can cope with their urgent and basic needs in 8 townships of Yangon. Meanwhile, MdM has adapted its activities to continue its harm reduction services for people who use drugs in Kachin and sex workers in Yangon.

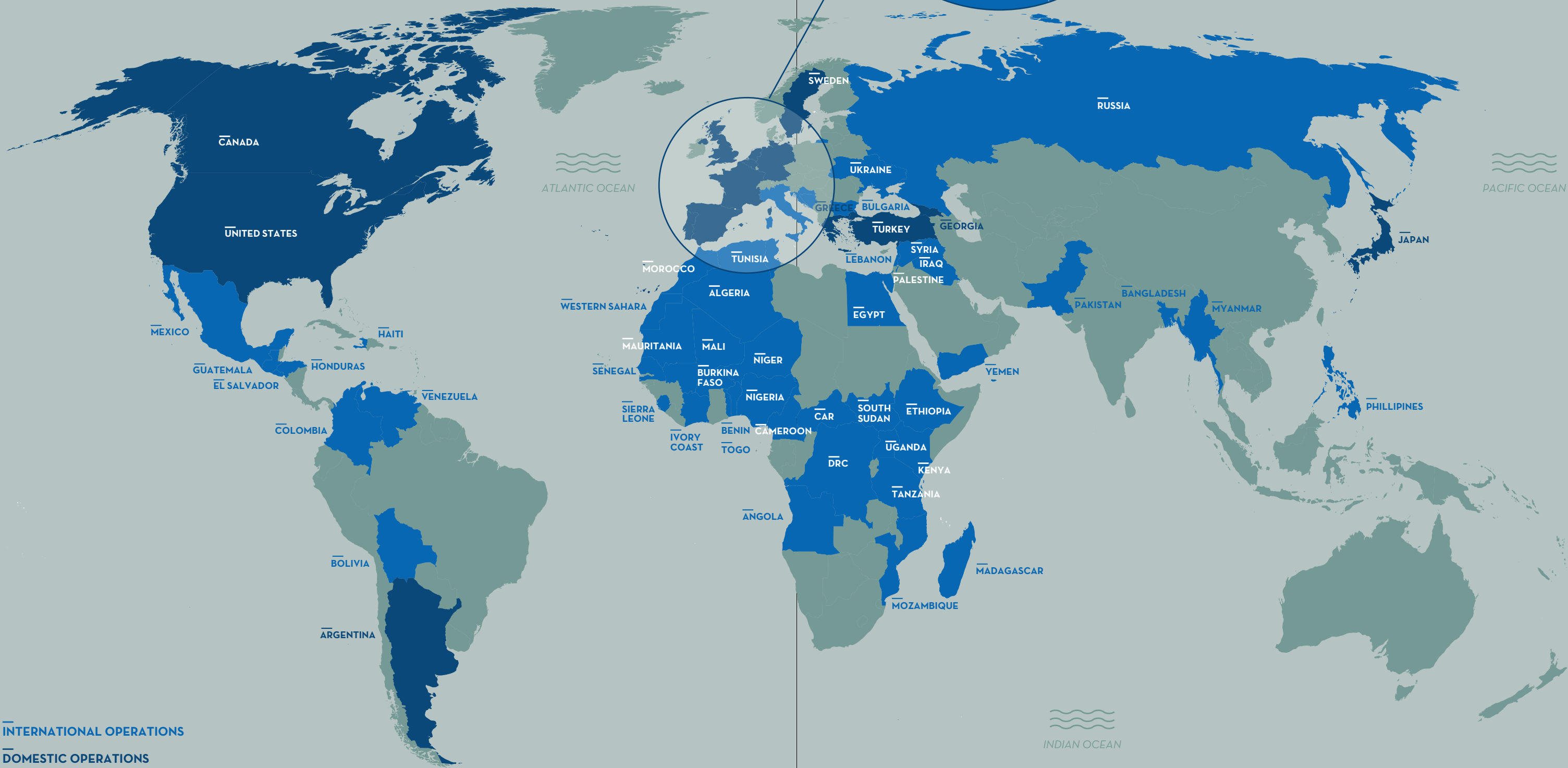
In **Bangladesh**, MdM supported two local partners to raise awareness in the camps of Cox's Bazar on COVID-19 prevention and hygiene, while another partner worked in host communities sharing key messages through a radio station and loudspeakers' trucks.

In **Pakistan**, MdM developed a COVID response to ensure a safe working environment for MdM employees and beneficiaries as well as MdM's partners in the Merged Districts and Punjab province. In KP, MdM ensured PPE provisions for staff working 24/7 in delivery services, established hand-washing stations and isolation rooms, insured transportation services during lockdowns and psychosocial support. IPC trainings have also been conducted. In Lahore, Punjab, the Population Welfare Department (PWD) converted the Mobile Service Unit (MSU) providing family planning services in remote areas into COVID-19 screening and referral stations. MdM thus donated PPE to the mobile units and conducted awareness sessions on COVID prevention measures.



5

COUNTRIES WITH COVID-19  
RESPONSE ACTIVITIES



Argentina | Belgium | Canada | France | Germany | Greece | Japan | Luxembourg | Netherlands | Portugal | Spain | Sweden | Switzerland | Turkey | United Kingdom | United States of America

