

MSF – COVID-19 Crisis Info

Mexico, Honduras, Guatemala, El Salvador



	Countries with MSF operations
	Countries with MSF exploratory missions

Background on COVID-19 and general context

On March 11, the WHO declared the COVID-19 as a pandemic. On February 27 the first case in the region was confirmed in Mexico, and by now, May 6th, the number in the country is 26,025 confirms cases with 2,507 deaths. In Honduras the number of confirm cases is 1,270 with 93 deaths, and is one of the countries with the highest mortality rates in the region. Guatemala has 763 confirm cases and 19 deaths. And El Salvador has 633 confirmed cases and 14 deaths. Each country has established different public measures, such as isolation, quarantine and physical distancing to slow down the number of cases. Mexico declared a sanitary national emergency on March 30th, and social distancing protocols are going to be mandatory until May 30th, so far, and the national activities will be starting little by little until July 17th. Guatemala has limited the movements among departments inside the country and it has been on lockdown since March 16th, with all its borders closed. In Honduras people can go out for groceries and other products only on certain days, determined by the ID number, this has led to different protests among the population, mainly because they live in a day to day wage and the economic help promise by the government has not reached them. Mid

March, in El Salvador, the government declared the situation as red alert and the congress an Emergency situation, limiting freedom of movement. On the 21st of March, the government ordered a compulsory quarantine for 30 days. People arriving to the country from abroad are placed in Contention Centers for a month. Right now the country has 82 of such Contention Centers in 9 provinces which are hosting more than 4500 people (more than 2000 have already finished the quarantine).

Main messages

- MSF is extremely concerned about how COVID-19 could affect populations living in precarious environments, such as the homeless, in the asylum seekers camp in Matamoros, or in the different migrant shelters in the country (especially those in the north of the country bordering the United States), or detention centres. These people already live in severe and often unhygienic conditions and their access to medical care is already seriously compromised. They may have more difficulty implementing preventive measures and face obstacles in accessing medical care. It is very important to inform people about the protective measures they should take and that they have the means to protect themselves (washing their hands and self-isolation in case of high-risk contact with patients with COVID-19).
- [Using Covid-19](#) to control migration and evade international obligations to refugees and migrants is not only unacceptable, but also counterproductive in terms of outbreak control, as it risks delegitimizing the response, breaking trust with migrant populations and the rest of the public. Deportations from the US without proper medical screening should be halted.
- We maintain most of our regular MSF activities in Mexico, Guatemala, El Salvador and Honduras: MSF supports extremely vulnerable communities with medical programs around the world, just as we do in Mexico, El Salvador, and Honduras with populations on the move or affected by violence. On any given day we are treating multiple patients for a variety of illnesses.
- Prevent and delay contamination: it is essential that prevention and social isolation measures are followed with the utmost rigor to flatten the contagion curve.
- We need to keep medical teams safe and free from infection - both to treat patients and avoid them spreading the virus further themselves so they don't become amplifiers of the pandemic. The global shortages of personal protective equipment pose a grave threat. In the COVID-19 projects we've opened in Europe, we see healthcare workers today facing dilemmas that are common in humanitarian settings where we work. Mental health support for healthcare staff is needed to get through this pandemic.

MSF Activities

- **Guatemala:**
 - In Guatemala we are supporting the MoH with health promotion for the Escuintla department and we are going to start a mental health program for COVID-19. Also a mental health program was just implemented in the Escuintla department. The program consists in offering mental health services to medical staff and patients who are in quarantine via

telephone. Also, they are going to developed PAP training for health staff who work at the primary level.

- **Honduras:**

- In Tegucigalpa, Honduras MSF is preparing an intervention for severe COVID-19 patients; this has the objective to help the metropolitan health system to keep the hospitals for overcrowding. Also, there is a mental health phone line for violence and sexual violence survivors working, at the moment an increase in mental health consultations has been detected by the psychologists. MSF manages a health centre in a neighbourhood at the outskirts of the city, it is still functional and it is prepared to detect COVID-19 cases.
- In Choloma, Honduras, the sexual and reproductive health project is still working, with some limitations, but so far is the only maternal clinic in the city, so all the references for deliveries and prenatal care consultations are there. The project also donated an ambulance to transport COVID-19 patients to the isolation centres established by the government.

- **México:**

- In the Mexican northern border project, in Matamoros and Reynosa, MSF increased and adapted its activities, a shelter and an asylum seekers camp. So far, COVID-19 patients have not been detected.
- In Coatzacoalcos, the team continues to work in “Avenida Uno” bridge through a Mobil clinic. Since to the COVID pandemic our activities have been reduced due to the decrease in the migratory flow at this point and the closure of the shelter that assists migrants in the area.
- In Tenosique located in Tabasco, MSF continues assisting the migrant population in La 72 Shelter, offering medical, psychological and social work care, implementing a protocol for the prevention and reduction of risks against COVID-19 coordinated with the authorities of the hostel who have assigned an isolation area inside the shelter for new entrants who are housed in an area separated from the rest for 14 days to avoid possible contagion.
- We also provide support activities in the Ave Fenix shelter, for migrants who were detained at the Tenosique Migration Station, closed following a riot and a fire in which a Guatemalan asylum seeker died. In Mexico City and in Tijuana, we have visited different health structures to prepare a coordinated response with the health authorities to respond to high numbers of patients affected by COVID19. In Nuevo Laredo MSF teams continue to provide care to migrants at La Casa Nazaret and Casa Amar. We have worked hand in hand with the hostels on risk prevention and mitigation strategies and in handling positive and suspicious cases COVID in coordination with the local ministry of health. In Guerrero we have adapted our operations with the aim of continuing medical assistance and reducing the risks of contagion in populations with neglected care that usually do not have access to health due to the conflicts of armed actors in the northern, central and Costa Chica regions.

- Teams also have set up a telephone line where specialized psychologists offer free and confidential psychological consultations, remotely to both migrants and victims of violence in the state of Guerrero.
- Tijuana concentrates the largest number of accumulated cases of COVID 19 in Baja California and is one of the urban areas with the highest number of deaths from this disease in the entire country. Bordering with San Diego it is also a city traditionally made up of migrants and people who have been deported, with a large number of homeless people. MSF will start its intervention there providing assistance to moderate COVID19 patients in a newly adapted basketball court (the Zonkies Stadium), dedicated as an Auxiliary Hospital.
- **El Salvador:**
 - In El Salvador, teams have expanded the emergency services (ambulances) with more vehicles to alleviate the pressure of those assigned to deal with COVID19 cases. We keep working in neighbourhoods affected by gang violence while we are also prepared to expand activities in Contention Centers.

Additional activities in the region

- **Costa Rica:**
 - MSF made an exploratory mission in Costa Rica where the team analysed the different needs related to COVID-19, especially with vulnerable population such as migrant population living in the country. After that MSF organised a webinar with the engineers in charge of making the extension of the main hospital in San Jose, Costa Rica, with the help of MSF Brazil.