

One month Activity Report

COVID-19 BELGIUM RESPONSE

Covid-19 response in hospitals & nursing homes (BE-165)
and Covid-19 response for homeless, asylum seekers and migrants (BE-155)



Focus area

Primary Health Care, Infection Prevention Control, Health Promotion, Mental Health

Target population

The most vulnerable population groups, focusing on the elderly and people living in the streets (migrants/refugees and homeless populations)

Partners

Health facilities, nursing homes and their coordination hubs (e.g. COCOM), Samusocial, Citizen Platform for Aid to Refugees, Médecins du Monde (MdM), the Tropical Institute of Antwerp, regional and local sanitary and health authorities, Agency for a Quality of Life (AViQ), the federation of nursing homes based in Wallonia

Human resources

127 staff working with the additional and precious support of tens of volunteers

EDITORIAL

Belgium has been hit hard by the Covid-19 pandemic. As an international medical organisation, we have a duty to support the Belgian medical community, as we would do anywhere in the world when faced with a large-scale and lethal epidemic.

That is what sans-frontièrisme is about. Our teams will adapt as the pandemic shifts, and our response will follow the geographical spread and the epidemiological curves, taking into account the capacities of healthcare systems and structures to cope. We offered our support to China, and responded in Hong-Kong, and then in France, Italy, and Spain. We have also been active in Belgium. When hospitals and nursing homes in Belgium asked for help, we responded by providing staff and medical expertise.

Above all, we have turned our focus to helping the most fragile, frail and vulnerable groups: homeless people, migrants and refugees who do not have access to regular medical services, and elderly people living in care homes. These people need a special level of care, which is exactly what MSF is working to provide.

*Bertrand Draguez,
Task Force leader for the Belgian Covid-19 intervention*



MSF presence in Belgium



MSF opens an accommodation structure with a capacity of 50 beds (which can be extended to 150 beds) for vulnerable people in Brussels.

HEALTH AND HUMANITARIAN NEEDS

On 31 December 2019, cases of pneumonia of unknown cause were detected in Wuhan, Hubei Province of China, the seventh-largest city in China. On 7 January 2020¹, Chinese authorities identified the causative virus was a novel coronavirus (2019-nCoV)², and on 11 March, the WHO declared Covid-19 as a pandemic.

Covid-19 is a new contagious virus for which much remains to be understood.³ Unlike influenza, there is no known pre-immunity, no vaccine, no specific treatment and everyone is presumed to be susceptible. With a case-fatality rate⁴ estimated at around 1%, it is known that at least some of those affected can transmit the disease before developing symptoms - or even in the absence of any symptom.

For most infected people, Covid-19 will create a mild or moderate respiratory illness (estimated 80% of confirmed cases), but it has a higher rate of severe complications for vulnerable people (elderly and people with comorbidities) than other viruses such as flu. Based on WHO data, 15% of the confirmed cases will be severe and require long-term hospitalisation for sustained monitoring and supportive treatment.⁵ 5% of total confirmed cases will require critical care provision⁶, which represents an estimated 30% of those who will need hospitalisation.

More than 80% of the people who have died of Covid-19 were over 60 years old, and over 75% had underlying medical conditions. Children, on the other hand, seem to be less affected by the disease. The mortality rates vary a lot from place to place, so it is difficult to say precisely how deadly Covid-19 is.

The high level of care required has placed a heavy burden on some of the world's most advanced hospital systems.

Intensive care for Covid-19 patients can last from 3 to 6 weeks or more. Its provision requires extensive resources in terms of equipment and specialist staff. There are relatively few fully equipped and staffed Intensive Care Units (ICU) throughout the world, particularly in low- and middle-income countries.

In high-income countries, many ICUs run at capacity, with little reserve to expand services in case of high demand. Therefore, in countries like Italy, the increased demand for ICU places because of critically unwell Covid-19 patients, has added pressure on structures needing to continue to care for other critically unwell people. Each new patient ties up not just the 'bed', but the equipment and most importantly the staff. While more physical beds can be added to an ICU, it is not possible to train new staff quickly enough to expand services.

With such a pandemic, resources are limited; specific attention needs to be drawn to places where medical support is most needed: at the epicenter of the epidemic. Two months ago, that was still China and Hong Kong, and they got support from MSF. By mid-March, the epicenter shifted to Europe and Iran; MSF progressively opened its Covid-19 projects in Italy, France, Spain and Switzerland but also in Belgium.

In Belgium, the health system is of course very well developed, but it has little experience with large-scale outbreaks of infectious diseases. Outbreaks such as that of Covid-19 ask for adaptations in the use of protective equipment, triage, patient flow and staff flow. This is expertise MSF can share with its colleagues in Belgian health facilities, based on decades of experience with outbreaks management including for Ebola, measles and cholera.

1 <https://experience.arcgis.com/experience/685d0ace521648f8a5beeeee1b9125cd>

2 While the virus is called SARS-CoV-2 (because of its similarities to the virus that causes SARS), the disease caused by this new virus is named Covid-19.

3 <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

4 Based on number of identified patients

5 An average of 3-4 weeks of close monitoring with a high level of care, including oxygen supportive therapy.

6 Specialized intensive care such as mechanical ventilators for a number of weeks.

PROJECT RATIONALE

Intervening in Belgium as such is not exceptional for MSF. For many years, MSF has been running programs for vulnerable people such as undocumented migrants and homeless people. The issue addressed then was not a lack of expertise or capacity in the healthcare system, but a lack of access to that system for some groups.

Today, the situation is very different: MSF is creating additional capacity and putting its expertise to use by helping to address the needs of the whole population – without neglecting the most vulnerable people we already worked with.

MSF is and will continue supporting facilities with human resources, technical advice, and material.

Concretely, the MSF response is centred on three pillars:

- 1 Ensure observation, isolation and basic care to migrants and homeless populations and make sure they have access to healthcare and are included within the Covid-19 referral system.¹
- 2 Provide support to nursing homes to determine the level of protection & infection control (IPC) measures to be implemented, to help control the virus' spread within the structures, and to care for suspected cases. Psychological support for staff is assessed as well.
- 3 Support and provide technical and strategic advice to hospitals and post-ICU care centres with patient flow and IPC measures and increase their capacity through training, sensitization and provision of materials.

¹ MSF is working on this together with the Red Cross, Samusocial, Médecins du Monde, SOS Jeunes and the Plateforme citoyenne d'aide aux réfugiés.



PROJECT PERIOD AND EXIT STRATEGY

While MSF started to work on Coronavirus preparedness in China and Hong Kong as early as January 2020, the intervention in Belgium started by March 16th, 2020. With the number of newly infected persons recently stalling, MSF activities in Belgium reached their one-month threshold.

Although initially planned for a 3 months period, the MSF Covid-19 response in Belgium will adapt to the evolution of the outbreak and keep addressing unmet population needs by remaining agile and flexible.

PROJECT OVERVIEW

BRUSSELS REGION



Providing a safe space and care to the vulnerable groups (undocumented migrants and homeless people)

MSF has been supporting Brussels' Hub for Migrants since 2015; by mid-March 2020, when the Covid-19 outbreak was declared, while implementing its Covid-19 response, MSF trained staff from Médecins du Monde (Mdm) on Covid-19 case management (i.e. triage, referrals). With the decrease of people in need of Covid-19 care, MSF handed-over this patient flow to Mdm (responsible for general medical support) and left the premises; today, MSF remains a partner ready to provide additional support if necessary.

On 4 April 2020, at Tour & Taxis, MSF opened in collaboration with SamuSocial and the Citizens Platform supporting Refugees, a care centre welcoming homeless and undocumented migrant populations suspected or confirmed to having the Covid-19 virus, who need care and a safe space but have nowhere to go. Currently MSF is also testing patients in collaboration with the Tropical Institute of Antwerp.

The MSF Infection Prevention and Control (IPC) outreach team is training and providing advice to 20 other structures working with migrant and homeless populations, to help them to implement confinement and IPC measures to prevent the spread of Covid-19. MSF is also ensuring donations and Health Promotion (HP) to such organisations.

FLANDERS AND WALLONIA REGIONS

Capacity strengthening of health actors to prevent and treat Covid-19 patients

At the start of the epidemic, MSF mobilized human resources and offered its support to hospitals and medical teams to prevent the spread of the Covid-19 virus in medical premises. Hospital-support activities included advice, training and coaching in IPC, triage, psychosocial support, hospital management (Covid-19 vs non-Covid-19 patients, Personal Protective Equipment -PPE- protocols); the washing/des-infection of Covid-19 units and the decontamination of reusable materials along with the production and provision of sustainable protection equipment.

Additional support in protective and health management (e.g. patients flow) was provided by MSF mobile teams to post-ICU care centres. Dedicated to Covid-19 patients who were in ICU or hospitalization but still need a (lower) level of care or can't go home yet, these centres manage step-down care.

With the on-going capacity-building of health facilities and regional authorities in Covid-19 patients flows, MSF is progressively shifting its resources from hospital support to resting homes. 8 MSF mobile clinics (most including 1 Health Promotion - HP Officer + 1 Medical Profile with additional psychosocial support if need be) support nursing homes to identify, isolate, test and organize care with protection and infection control and bring mental health support to both staff & patients.



PROJECT RESPONSE



The objective is :

To reduce mortality and suffering linked to Covid-19 infections and to focus on outbreak control by reducing transmission and limiting the spread of infection to health care workers/ front line workers in the community and to particularly vulnerable groups, and in health structures.



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EXPECTED RESULTS :

1

Hospitals and other care centres addressing needs of people with serious underlying illness receive Covid-19 management support

- 10 hospitals (7 in Flanders and 3 in Wallonia) supported with IPC and PPE protocols, improved bed capacity with triage & case management guidance
- 8 Flanders-based facilities supported with the start-up phase of post-ICU care centres
- **Donations:** 41,200 PPE items¹ totalling **18,688€**

2

Nursing homes health care workers/ front line workers caring for the elderly are trained and informed on Covid-19 prevention and care practices

- A total of 62² nursing homes, covering over 6000 residents, supported by 8 MSF mobile clinics with case management, IPC, HP and MH
- Close to 1000 health care workers (HCW) and front line workers (FLW) joined MSF webinars on IPC & PPE, testing, isolation measures and palliative care
- **Donations:** 10,300 PPE items totalling **2,974€**

3

Safe space & care is available for the most vulnerable groups (homeless and undocumented migrants)

- Conversion of Tour & Taxis site in a 50-bed capacity care centre, expanded to 108 beds
- Close to 3000 migrants & homeless suspected and confirmed Covid-19 patients received safe housing and care
- Total of 20 structures in Brussels received IPC and HP training
- **Donations:** 2,805 PPE items totaling **504€**

¹ Donated items include hydro alcoholic gel, surgical and FFP2 masks, gloves and gowns

² 50 in Brussels, 7 in Flanders and 5 in Wallonia



Target population and direct beneficiaries

The target population is all people exposed to highest individual physical and social vulnerabilities; are included:

- People with serious underlying illness
- The elderly living in collective housing
- Undocumented migrants and homeless people

Direct beneficiaries: available number of structures and participants to MSF activities are detailed under Expected Results.

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PROJECT SUSTAINABILITY

MSF's Covid-19 response aims at addressing unmet health needs. While MSF adapted its response to the most vulnerable population groups and will continue regardless of the Covid-19 epidemic; it also first covered gaps at the level of medical facilities. As public authorities plan for deconfinement strategies, MSF's capacity building approach allows to shift and increase, by end April, its support to nursing homes until end of June 2020.

Hospitals and other covid-19 care centres:

Although a progressive shift from hospital to resting homes support allows adjusting resources to the protection of those most at risk, MSF is committed to extend its WASH Street Support to additional hospitals and to continue its stepdown capacity building of regional health structures.

Nursing homes:

In addition to the deployment of 8 mobile teams to 62 nursing homes, MSF started targeting regional nursing home support teams; MSF also helps regional authorities coordinating pilot testing following federal testing plans and shares further recommendations on Covid-19 case management practices.

IPC Outreach:

In addition to the provision of continued support to local actors addressing undocumented migrants & homeless populations' needs, MSF shares recommendations with regional health authorities on the preparation and management of Covid-19 care-centres. Guidelines were also shared with regional platforms of general practitioners and their respective networks.

BUDGET & DONATIONS

Yearly per categories of expenses

Categories of Expenses	Covid-19 response in hospitals & nursing homes	Covid-19 response for homeless, asylum seekers and migrants	Total
Staff	1,202,856	701,367	1,904,223
Medical	290,245	322,183	612,428
Logistics	251,253	160,392	411,645
Supply	15,000	2,000	17,000
Administration	59,905	184,826	244,731
TOTAL	1,819,259	1,370,768	3,190,027

Over the first month of MSF Covid-19 interventions in Belgium, a total of 54.305 Covid-19 protective materials were donated in great majority to hospitals and nursing homes.

Items	Unit Cost, in EUR	Hospitals, # of Items	Value, in EUR	Nursing homes, # of Items	Value, in EUR	Tour & Taxi, # of Items	Value, in EUR	Total # of Items	Total value, in EUR
Hydroalcoholic gel, 500 ml tube	7,616 €	1,200	9,139 €	200	1,523 €	-	0 €	1,400	10,662 €
Surgical mask	0.113 €	2,000	226 €	2,000	226 €	2,000	226 €	6,000	678 €
FFP2 mask	0.345 €	15,000	5,175 €	100	35 €	805	278 €	15,905	5,487 €
Pair of gloves	0.034 €	12,000	408 €	5,000	170 €	-	0 €	17,000	578 €
Gown	0.34 €	11,000	3,740 €	3,000	1,020 €	-	0€	14,000	4,760 €
TOTALS		41,200	18,688 €	10,300	2,974 €	2,805	504 €	54,305	22,166 €

COMMUNICATION MATERIAL

- Meinie Nicolai, General Director of MSF Belgium, [video](#) introducing MSF Covid-19 activities in Belgium
- Press articles, available online, in [French](#) and [Flemish](#)
- MSF Media database (accessible to MSF staff only): [LINK](#)

