



## EXPERIENCES FROM THE FIELD

# CUAMM'S RESPONSE TO COVID-19 IN ITALY

Thanks to our experience in sub-Saharan Africa, CUAMM has been able to intervene not only there but also in Italy in response to the Covid-19 crisis. Underscoring the imperative of acting in unison during a pandemic, our integrated project trains health workers and junior doctors and provides support to hospitals and the most vulnerable segments of the population.

TEXT BY / ANDREA ATZORI / DOCTORS WITH AFRICA CUAMM

### A DUAL RESPONSE TO COVID-19: AFRICA AND ITALY

At a time of profound crisis worldwide, Doctors with Africa CUAMM is implementing a dual response – in Africa and in Italy – to the Covid-19 pandemic. In Africa, we have secured more than 20 hospitals in 8 countries, using international humanitarian flights to provide both personal protective equipment (PPE) and equipment for triage and patient care. We have also trained health workers and done awareness-raising among communities on preventive measures. In Italy, we've sought to respond to numerous appeals from health workers who've taken part in missions to Africa over the years, and who have now been on the front line in our own country since the start of the pandemic – appeals related to problems such as the needs for the right quantity and type of PPE<sup>1</sup> to keep operators safe<sup>2</sup>, for "dirty" and "clean" paths in facilities, and for triage areas to screen patients prior to entry. These are all issues that CUAMM already dealt with to some degree while tackling Marburg, Ebola, cholera and measles.

### AN INTEGRATED PROJECT: INTERVENTIONS, TRAINING AND ASSISTANCE

Given our prior experience as well as our network of operators already on the ground in Italy, in April 2020 CUAMM launched its "4 respirators for 4 hospitals" program to support four intensive care units. Alongside our work in Africa, these initial activities served as a pilot for the development of a broader program subsequently approved by the United States Agency for International Development (USAID). Entitled "IRC19 Italian Response to COVID19", the program will last 14 months (June 2020 to August 2021) and involves 3 broad areas:

- supporting public and private hospitals, including through interventions by less traditional actors (e.g. NGOs);
- rethinking the training of already-active health professionals as well as that of new generations;
- bringing social and health aid to marginalized and vulnerable groups who often lack access to basic services, to tackle the pandemic's socioeconomic impact.

Every problem identified, and every intervention and activity proposed, was conceived and implemented thanks to constant dialogue and coordination with regional authorities, national

associations, health facility managers and health worker representatives. Four main activities were defined:

#### 1. Supporting health workers in their fight against Covid-19 through infrastructure changes and in-service training.

We modified spaces in 15 residential, territorial and hospital facilities, for example reorganizing entry/exit and "clean"/"dirty" routes, implementing triage sites, and creating staff dressing/undressing areas. These interventions also seek to humanize care, helping to create opportunities for patients to have contact with loved ones to reduce their sense of abandonment and isolation. Because human interaction can help to manage illness and suffering<sup>3</sup>, the program will also provide network connections, purchase tablets for video calls, launch telemedicine for remote psychological consultations and create protected areas for visits with family members, for example in nursing homes. In addition to this infrastructure work, CUAMM is also training doctors, nurses and health workers through the development:

- in partnership with the Novara-based Research Center in Emergency and Disaster Medicine (CRIMEDIM), of a training package for health professionals on the management of emergencies in health facilities and the organization of emergency work (e.g. patient paths, procedures for putting on and removing PPE, etc.);
- of a free training package by CUAMM focused on the wellbeing of nurses and social/health workers, whose work conditions have been made more difficult and stressful by Covid-19. The package will consist of videos on nutrition, psychology, physical preparation and breathing.

#### 2. Training upcoming generations of health workers by integrating university/higher training with new modules on public health and epidemics/pandemics.

In partnership with the Italian Secretariat for Medical Students (SISM), the FederSpecializzandi Association, the Italian Secretariat for Young Doctors (SIGM) and 39 Italian universities, CUAMM continues to intensify its work in this area, offering both traditional training modules and digital debates to spur discussions on the topic of health in the broadest sense.

#### 3. Expanding CUAMM's local engagement with a focus on the concept of health as a universal right and the repercussions of Covid-19 both in Italy and worldwide.

CUAMM is able to foster dialogue at the local level thanks to its 27 volunteer support groups in 11 Italian regions. These groups or-



## AIDING LA SPEZIA'S NEEDIEST

Partnering with institutions and decisionmakers, standing alongside and aiding local communities, conducting awareness-raising activities: CUAMM's three-pronged approach to Covid-19 in La Spezia.

TEXT BY / MARINA TRIVELLI / DOCTORS WITH AFRICA CUAMM

After 12 years as a surgeon with Doctors with Africa CUAMM, I was a bit anxious about life back in Italy. Given the variety of activities in Africa, I was concerned that working in an Italian surgical unit might seem tedious in comparison. That's why I decided to work in an emergency room instead – a stimulating role that offers plenty of variety from both a professional and human viewpoint, and the good fortune of having shiftwork that enables me to spend time with my family and to do volunteer work, both essential for those of us with a missionary vocation.

In La Spezia I had the opportunity to meet other people with the same vocation of working in solidarity with the neediest. A Vincentian association called "Breakfast with a Smile" was established and did its best to make the homeless feel welcome and "at home". While at first it limited itself to simpler services such as providing breakfast and essential goods, later it began to offer services that were otherwise not present: showers and bathroom areas, a laundry service and – importantly – a luggage deposit (you can't bring all your belongings when you go for a job interview).

Other key activities to support our friends include a social secretariat and local chaperoning, also vis-à-vis healthcare needs, with the creation of a mobile clinic in partnership with the Italian Orders of Physicians, Nurses and Pharmacists.

Last but not least, with the onset of the Covid-19 crisis in February 2020 we began to support 96 families, primarily those of seasonal workers whose work contracts had vanished, leaving them with no way to survive.

But doing all of this through self-financing and food collections alone soon became very difficult. So when Doctors with Africa CUAMM decided to focus on marginalized and vulnerable groups in Italy as well, starting with projects already launched by returning volunteers and CUAMM support groups, it felt as if a circle had closed. Thanks to its support, we've been able not only to continue to offer the above-mentioned services (with some 2,400 breakfasts, 700 washing cycles and 640 showers provided every month), but also to provide an evening meal service in La Spezia, with the distribution of approximately 3,000 dinners. We also provide the 96 families (around 300 individuals) with long-life and fresh food products every two months, and have set up more showers and purchased an industry-style washing machine and dryer as well as other appliances for refrigerating food products.

ganize awareness-raising events and campaigns focused on Covid-19, international cooperation and our global world.

#### 4. Protecting specific vulnerable groups by ensuring their access to basic health care and preventive measures and providing them with immediate material help.

With projects focused as always on the poorest and most vulnerable sections of the community, CUAMM has identified two Italian areas heavily affected not only by the health crisis but also great social hardship:

- in the Apulia region, thanks to the work of a mobile team of health professionals and psychologists, we are providing basic health care to seasonal migrant farmworkers in the heavily populated area known as "Ghetto Pista" (see p. 18)<sup>4</sup>;
- in the Liguria region, near the city of La Spezia, we are distributing food kits to families in financial distress and providing daytime hospitality services (breakfasts/dinners, showers, toilets and washing machines) to the poor and homeless, whose numbers have grown as an indirect effect of the pandemic (see box at right)<sup>5</sup>.

#### THE LEGACY OF OUR EXPERIENCE IN AFRICA: TECHNICAL AND CULTURAL KNOW-HOW ON MANAGING THE PANDEMIC

The Covid-19 pandemic is one of the greatest health, economic and social shocks of our time. For the first time, developing countries and more economically advanced ones are sharing similar problems, and the experiences of health professionals in the former have become, perhaps never before to such a degree, an added value for their work in Italy. Sharing our experience with the containment of past epidemics in low-resource settings – and on the fight against poverty in general – is something that NGOs like CUAMM have done for decades. We are now applying this technical and cultural know-how to Italy as well, while continuing to implement our programs in Africa and to foster critical dialogue between the global North and South on issues such as the imperatives of sustainable development and universal access to healthcare.

#### NOTES

<sup>1</sup> European Parliament & Council of the European Union (2016). REGULATION (EU) 2016/425 OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL of 9 March 2016 on Personal Protective Equipment and repealing Council Directive 89/686/EEC. Official Journal of the European Union.

<sup>2</sup> Hashikura, M., & Kizu, J. (2009, November). Stockpile of personal protective equipment in hospital settings: Preparedness for influenza pandemics. *American Journal of Infection Control*, 37(9), pp. 703-707. doi:10.1016/j.ajic.2009.05.002

<sup>3</sup> Melotti, R. M., & et. al. (2009). Progetto umanizzazione delle cure e dignità della persona in terapia intensiva della Regione Emilia-Romagna. *ANESTESIA FORUM*, p. 2; 75-82.

<sup>4</sup> Jedwab, R., Khan, A. M., Damania, R., Russ, J., & Zaveri, E. D. (2020). *Pandemics, Poverty, and Social Cohesion: Lessons from the Past and Possible Solutions for COVID-19*. The George Washington University. Institute for International Economic Policy Working Paper Series.

<sup>5</sup> Diwakar, V. (April 2020). *From pandemics to poverty Hotspots of vulnerability in times of crisis*. ODI.org.