

The experience of the COVID-19 emergency on the Northern border in Mexico

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LOCATION: Reynosa, Tamaulipas, Mexico

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MSF in Tamaulipas





COVID-19 in Tamaulipas





Source: https://coronavirus.tamaulipas.gob.mx/; https://datos.covid-19.conacyt.mx/; "Weekly epidemiological report of the migrant population studied under suspicion of COVID-19"

MSF COVID-19 intervention in Tamaulipas 2020



Adaptation of all the activities in regular project





Main Results

	Matamoros	Reynosa	P-value
Average Age (SD)	50.0 (17.1)	54.3 (15.2)	<0.001
Sex			
Male	49 (59.0)	70 (63.1)	0.67
Female	34 (41.0)	41 (36.9)	
Patient Outcome			
Death	1 (1.2)	13 (11.7)	<0.001
Left against medical advice	11 (13.3)	4 (3.6)	
Recovered	42 (50.6)	45 (40.5)	
Sent home	2 (2.4)	19 (17.1)	
Transferred	27 (32.5)	30 (27.0)	
Average length of stay (days)	5.7	7.8	







Intervention measures of success



- The treatment centers in Tamaulipas were able to ease the workload of the local Health Institutions by caring for non-critical patients and establishing a mutual referral system.
- Fruitful collaboration with the local authorities.
- The model of intervention for COVID-19 applied in Tamaulipas highlighted the importance of social work, health promotion, and integral care addressing not only the patient, but also the families' needs during a pandemic.
- Reinforce the positioning of MSF as a referent in mental health (MH) through provision of care and trainings to the MoH staff.



Challenges and Recommendations

Clinical level Challenge in determining the formulary, clinical guidelines and algorithms for the COVID-19 treatment centers.

The team adapted by having regular trainings and technical updates, as well as the support of infectious disease experts at MSF.

ManagementDifficult to recruitment in all positions mainly in management positions,& HR levelresulting with gaps and constant change of the staff.

IPC level

The hospitalization and isolation wards there was no physical distance separation between suspect and confirmed cases due to space limitation.

IPC emphasis on PPE use was crucial, as well as delimitation and prioritizing of the areas in the space available.



Challenges and Recommendations

DataMaintaining accurate data records was very challenging due to limited
personnel.

The health record tool needed to be adapted to capture only the essential and basic clinical data

Supply & Pharmacy

As the international supply chain collapsed and prices fluctuated constantly, most of the purchases were made locally.

The lack of consumption follow-up and rupture prevision translated in at least one-month interval between order placement and arrival to the project.



Conclusions for Looking Forward

- The best intervention is not always leading an independent new and vertical program, but rather, it is about filling gaps voiced by and coordinated with the local jurisdiction and population.
- In migration contexts, activities that include or address the local communities may support the migrant population indirectly and ensure access to services.
- Investing into preparation/EPREP models is crucial.
- Patients and populations as partners (PPP) in emergencies.



Comms

- Videos:
 - México: la situación de los solicitantes de asilo en Reynosa y Matamoros ante la COVID-19 https://www.youtube.com/watch?v=ulpWknfssBg&t=9s
 - COVID-19 Centres in Mexico https://www.youtube.com/watch?v=dlXP7-EHm2s
 - Así trabajamos en nuestro centro de tratamiento de COVID-19 en Reynosa, México https://www.youtube.com/watch?v=noumhEqTNB8
 - MSF concluye actividades en los centros COVID-19 de Reynosa y Matamoros, Tamaulipas https://www.youtube.com/watch?v=bYHEHfDFsOk&t=35s
- Press release:
 - <u>https://www.msf.mx/actualidad/medicos-sin-fronteras-concluye-actividades-en-los-centros-covid-19-de-reynosa-y-matamoros/</u>
 - <u>https://www.doctorswithoutborders.ca/article/covid-19-mexico-msf-opens-two-centres-reynosa-matamoros</u>