
Africa. Don Carraro (CUAMM): “We are working to make hospitals safe, limit infections and ensure essential care”

The WHO is sounding the alarm for Africa that registered a 60% increase in deaths from the pandemic in one week. In addition to the number of deaths totalling 1,119, the rate at which the virus is spreading is cause for further concern. During the last month, cases increased by 15% every day. The countries most affected are South Africa and, in the north, Egypt, Algeria and Morocco. We discussed the situation with Don Dante Carraro, director of Doctors with Africa CUAMM. “Our doctors and volunteers - he said - are working in 8 countries: Ethiopia, Sudan, Central African Republic, Uganda, Tanzania, Mozambique, Angola, Sierra Leone. Fear prevails in urban areas where people can access the internet, TV, and see what is happening in the United States, in Europe. *Above all, people fear the 'whites', seen as infectors. There is almost no awareness of self-protection measures.* Even social distancing in cities is very problematic due to vast suburbs and poor districts. The same is true for hand hygiene in households without running water, and many people eat landfill produce. In rural areas the situation is more controlled, thanks to lower population density and mobility, caused by mostly unpaved or flooded roads.” **Are people leaving the city?** No. A large section of the urban population, amounting to approximately 30%, live on their wits. If the economy of this society is stalled, the most marginalized workforce, from shoeshiners to other craftsmen that manage to make ends meet, will disappear. *The lockdown serves to contain the epidemic, but its side-effects exacerbate the difficult conditions of the most vulnerable brackets.* Closing down an airport means blocking all arrivals from abroad, which frequently produce a certain amount of wealth. This includes taxi drivers and many children who carry suitcases for a tip on the way out, representing a vital means of subsistence for them. **What measures have been taken by African governments?** Schools and universities remain closed nationwide, public transportation has been discontinued with significant ripple effects on women for example, forced to give birth in huts at high risk of mortality, as they can't afford to pay a taxi to reach the hospital, which in some cases is hundreds of kilometres away. *The primary commitment of our Organization is to make the 23 hospitals in the countries where we operate safe* by ensuring the supply of protective equipment for healthcare workers and cleaners, as well as materials needed for disinfection of hospital wards; basic equipment for diagnosis and clinical management; triage tents and isolation units. We are faced with a dramatic challenge that adds on to efforts towards ensuring regular and essential care. Our goal is to make communities understand that hospitals are safe environments where mothers and children can go without risk, as well as people with common diseases such as malaria or gastroenteritis. In order to prevent so-called indirect virus deaths. **The African health system is a critical aspect of the health emergency...** Staff shortages represent a serious problem. In Tanzania, for example, the only laboratory processing the COVID-19 Test is located in the city of Dar es Salaam. Sierra Leone has only one anaesthetist in the whole country. Intensive care beds, also in sub-Saharan Africa, average 1 for 2 million people. Not to mention medications: sophisticated drugs such as anticoagulants, essential for the treatment of the coronavirus that causes pulmonary embolism, are not available. **CUAMM doctors faced the Ebola epidemic in Africa. What do they think of this pandemic?** Compared to the Ebola virus, the new coronavirus is much more contagious, although the lethality rate is lower. There are conflicting data on whether it will be affected by the heat. For example, in Cameroon, a country with high temperatures, cases are growing at increasing rates.

What we are sure about it that age is a crucial factor.

This could suggest that Africa, with 50% of the population under the age of 18, is less exposed than other countries. In reality, malnutrition, even in children, is very frequent and it has a devastating impact on the immune system. There are also many HIV patients, about half of whom are not being

treated. Finally, there is the issue of water and drinking water. **Fighting continues in many areas despite the pandemic...** This is another serious problem. *When there are wars, tragic situations, people flee carrying the virus with them, with no control whatsoever.* I am thinking of Rumbek, located in the northernmost part of South Sudan. Our local hospital houses isolation units equipped to treat Covid cases as well as operating rooms with numerous wounded gunshot victims. **Can volunteer workers bring hope to Africa?** There are approximately 3,000 CUAMM volunteers in Africa, 10% are Italian and European, 70% of whom decided to remain, along with local residents. Many are over 65, they have not left despite being the most vulnerable age group. We are worried but we are aware that, as Africa has taught us on many occasions, by offering all the competence that is in our hands and in that of African countries, and with the support of international solidarity, we will be able to overcome this negative period.

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