WITHOUT BORDERS

Issue 42 | December – February 2019/2020

MEDICAL AID WHERE IT IS NEEDED MOST. INDEPENDENT. NEUTRAL. IMPARTIAL.

MEDECINS SANS FRONTIERES
أطبّاء بلا حدود

2019
A YEAR IN PICTURES

Iraq
Mental health crisis looms after genocide

Palestine
The pressure of occupation

D R Congo
The long fight against Ebola

U.A.E
Former MSF President visits

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WELCOME

As we bid farewell to 2019 we are able to reflect upon a year of significant humanitarian crises.

This year, whether providing medical assistance to people on the move, or responding to deadly epidemics and the brutal consequences of war, our teams have responded to a hugely diverse set of emergencies.

In this, our final issue of the year, we focus on the neglected mental health of communities ravaged by war and oppression.

In Iraq, our teams have seen how Yazidi communities are still struggling with the trauma of the 2014 genocide inflicted by Islamic State, while our staff in Palestine observed the deterioration of mental health, particularly in children, as the daily pressure of living under occupation takes its toll.

Elsewhere, in the Democratic Republic of Congo (DRC), over 850 of our staff have been tackling Ebola, which has already claimed over 2,000 lives. Find out how over the past year, through collaborations with various actors, MSF has been taking steps to end this deadly epidemic.

In 2019 we also celebrated the 20th anniversary of MSF's Access Campaign. To mark the occasion, former MSF International President, Dr. Unni Karunakara visited the U.A.E for a series of talks reflecting on MSF's impact around the world and the challenges we face today.

Finally, we look back across MSF's projects in 2019 in a special edition of 'In Pictures'.

Thank you for continuing to stand by us,

Mario Stephan
Executive Director
Médecins Sans Frontières UAE

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Front cover photograph:
Zamfara, Nigeria, 26 July 2019: MSF health promoter Saratu Suleiman is holding Aisha's baby. Saratu is working at the abandoned building where Aisha and her children are sheltering. Violence has forced thousands of people from all over Zamfara to flee their homes and take shelter in the few safe places left. (Benedicte Kurzen/NOOR)

MSF is a member of International Humanitarian City, UAE.

Images: Ihab Abassi/MSF, Hannah Wallace Bowman/MSF, Hassan Kamal Al-Deen/MSF.

MSF: SITUATION UPDATES

Every day our teams around the world provide emergency medical care to people affected by conflict, epidemics, disasters or lack of access to healthcare, regardless of their race, religion or political affiliation. Here we bring you updates from some of our projects worldwide.

MSF WORLDWIDE OPERATIONS

6.3M DONORS

446 PROJECTS

74 COUNTRIES

YEMEN

MSF HOSPITAL PARTIALLY DESTROYED IN ATTACK

On November 6, an aerial attack in Mocha, southwestern Yemen, partially destroyed a hospital run by MSF, when the attack hit surrounding buildings, including a military warehouse. At the time of the attack, around 30 patients and 35 staff were in the hospital but no casualties were reported among them. "It was only luck that no patients or staff were harmed in this attack; it could have been carnage," said Caroline Seguin, manager of MSF programmes in Yemen. The MSF hospital was severely damaged by the explosions and fire. Medical activities in the hospital were suspended, with patients relocated to other medical facilities.

ITALY

DOZENS DROWN IN SHIPWRECK

Twenty-eight people died, including a number of pregnant women, in a shipwreck on 7 October off the Italian island of Lampedusa. When the boat capsized, 50 people were on board, but only 22 survived. Since 19 October, 13 of the survivors were provided psychological support by MSF teams – composed of a psychologist and a cultural mediator – in group sessions. The team was also on hand as the survivors identified the bodies of family and friends. "When the survivors had to identify the bodies, it was a heartbreaking three hours of pain and anguish. They were all tense and some trembled with fear at the thought of seeing the bodies of their travelling companions," said MSF psychologist Dario Terenzi.

SOMALIA

AID NEEDED AFTER FLOODS

In October, over a quarter of a million people were displaced in Somalia as large parts of the country were flooded after heavy rains. The worst affected region was Hiiraan in central Somalia, with massive displacement and people and livestock dead in Beledweyne. In November, the main Beledweyne hospital was still not functional. "Our teams have assessed the conditions and we see that people need everything, including drinking water, toilets and latrines," said Gautam Chatterjee, MSF country representative in Somalia, soon after the floods struck. In response, MSF has provided 1.5 million litres of water, constructed latrines and tents for those in need, and distributed thousands of essential relief items.

SOUTH SUDAN

SEVERE FLOODING LEAVES PEOPLE STRANDED

MSF launched emergency assessments in October in the east and northeast of South Sudan where severe flooding left hundreds of thousands of people stranded in inaccessible areas, threatening to make worse an already catastrophic humanitarian crisis. MSF is urging all organisations to mobilise resources in order to mitigate the impact of rising flood levels in affected locations, and to ensure adequate attention is given to Pibor, in the east of the country. In Maban, in the northeast of the country, the United Nations estimates that more than 200,000 people have been affected by flooding. "International and national organisations must mobilise immediately to ensure provision of food, water, shelter and healthcare, and ensure adequate attention is given to Pibor where the entire population is now cut off from healthcare and assistance," said Kim Gielens, MSF Head of Mission in South Sudan.

IRAQ

SUPPORT FOR SYRIANS FLEEING VIOLENCE

In October, following the launch of Turkish military operations and the extremely volatile situation in northeast Syria, people continued to flee the conflict for Iraq. MSF launched medical activities in Iraq along the border with Syria and has assessed mental health needs in Bardarash camp, in the Kurdistan region of Iraq. "Immediately after the fighting in northeast Syria started, we quickly assessed different locations including reception sites at the Iraq-Syria border, and camps where we learned that refugees were going to be hosted," said Marius Martinelli, MSF project manager. Betwen 24 October to 9 November MSF performed 2,171 consultations for Syrian refugees in Iraq.

GREECE

KILLER FIRE IN REFUGEE CAMP

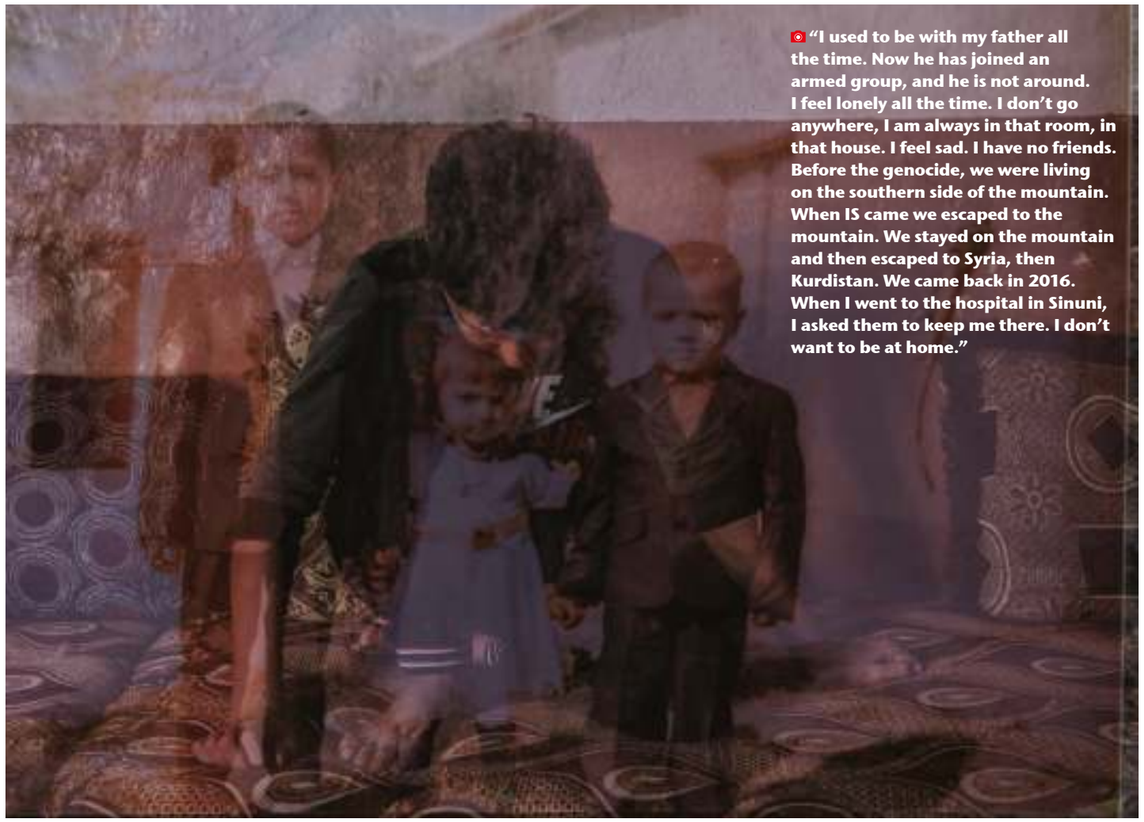
On 29 September, one woman was killed and dozens were injured in a deadly fire in Moria refugee camp in Lesbos, Greece, while people protested against the inhumane living conditions there. MSF medical teams assisted 30 wounded people after clashes erupted between the police and migrants, immediately after the fire. "No one can call today's fire and this death an accident. This tragedy is the direct result of a brutal policy that is trapping 14,000 people in a camp made for 3,100," said Marco Sandrone, MSF Field Coordinator in Lesbos. Just two weeks after the Moria blaze, another fire broke out in Vathi refugee camp on Samos island leaving 600 people without shelter.

Image: Emilienne Malfatto/MSF

MENTAL HEALTH: IRAQ

YAZIDI MEMORIES

In August 2014, the Islamic State (IS) group attacked the Yazidi religious minority living in Sinjar, Iraq. The attack was followed by a sustained campaign of killings, rapes, abductions and enslavement. Those who survived the genocide are struggling to come to terms with what happened.



"I used to be with my father all the time. Now he has joined an armed group, and he is not around. I feel lonely all the time. I don't go anywhere, I am always in that room, in that house. I feel sad. I have no friends. Before the genocide, we were living on the southern side of the mountain. When IS came we escaped to the mountain. We stayed on the mountain and then escaped to Syria, then Kurdistan. We came back in 2016. When I went to the hospital in Sinuni, I asked them to keep me there. I don't want to be at home."

The Yazidi community in Sinjar district, northwestern Iraq, is grappling with a severe and debilitating mental health crisis, including a high number of suicides and suicide attempts, MSF medical teams have found.

Between April and August 2019, 24 people were brought to the emergency room of Sinuni's hospital after attempting suicide. Six were either dead on arrival or could not be saved. Of the 24, almost half were under 18 – the youngest a 13-year-old girl who had hung herself and was dead on arrival. More than half were women or girls. Four died from self-immolation (the act of setting fire to oneself); others had slit their wrists, drunk poison, overdosed on medication or used firearms.

INVISIBLE SUFFERING

MSF has been providing emergency care and mental healthcare in the small town of Sinuni – now the central hub for those members of the Yazidi minority who have remained in the district – since December 2018. Since then, 286 people have been enrolled in the programme, of whom 200 are still under treatment today. The most common diagnosis is depression (40%), followed by conversion disorder* (18%) and then anxiety (17%). Some psychiatric and personality disorders, including post-traumatic stress disorder (3%), have also been diagnosed. Although MSF's mental health services have been scaled up in recent months, they are now completely overwhelmed.

MSF calls for an increase in both international and national investment in mental healthcare in Iraq – not only in Sinjar district, but across a country still reeling from years of wars and economic instability.

"Our first mental health survey in 2018 in Sinuni revealed that 100 per cent of the families we spoke with had at least one member who suffered either moderately or severely from mental illness," says Dr Marc Forget, MSF's head of mission in Iraq. "The medical director of Sinjar hospital told us that everyone in the district needs mental health support, including him. We soon realised that we were dealing with a major mental health crisis, and that it was directly linked to the collective trauma that the Yazidis endured recently."

SCARS OF GENOCIDE

The United Nations has described IS's atrocities in Sinjar region as genocide. Whilst the Sinjar area was retaken from IS more than four years ago, those who fled have been slow to return.

Today, many Yazidi families still prefer to stay in Iraqi Kurdistan rather than return to their homes. This is partly because many villages lie decimated, littered with landmines and without basic services like

2019 MSF ACTIVITIES IN SINUNI HOSPITAL

9,770 EMERGENCY CONSULTATIONS

397 MENTAL HEALTH CONSULTATIONS

*Conversion disorder is a mental condition where a patient experiences blindness, paralysis other nervous system symptoms that cannot be explained by medical evaluations

Image: Emilienne Malfatto/MSF

water and electricity, but also because of the trauma many Yazidis now associate with their ancestral homelands.

"Everyone here has lost at least one family member or friend, and all over the Sinjar region there is an overwhelming sense of hopelessness and loss," says Dr Kate Goulding, who works in MSF's emergency room in Sinuni.

"It is universal to be sad when your husband dies, when your child is sick, when you break up with your partner or when you are forced to be away from your family. But the extent of loss in this community is incomprehensible and compounded by the trauma of extreme violence, humiliation, mass displacement, poverty and neglect."

MORE HELP NEEDED

MSF quickly realised that mental healthcare was a huge unmet need in the area.

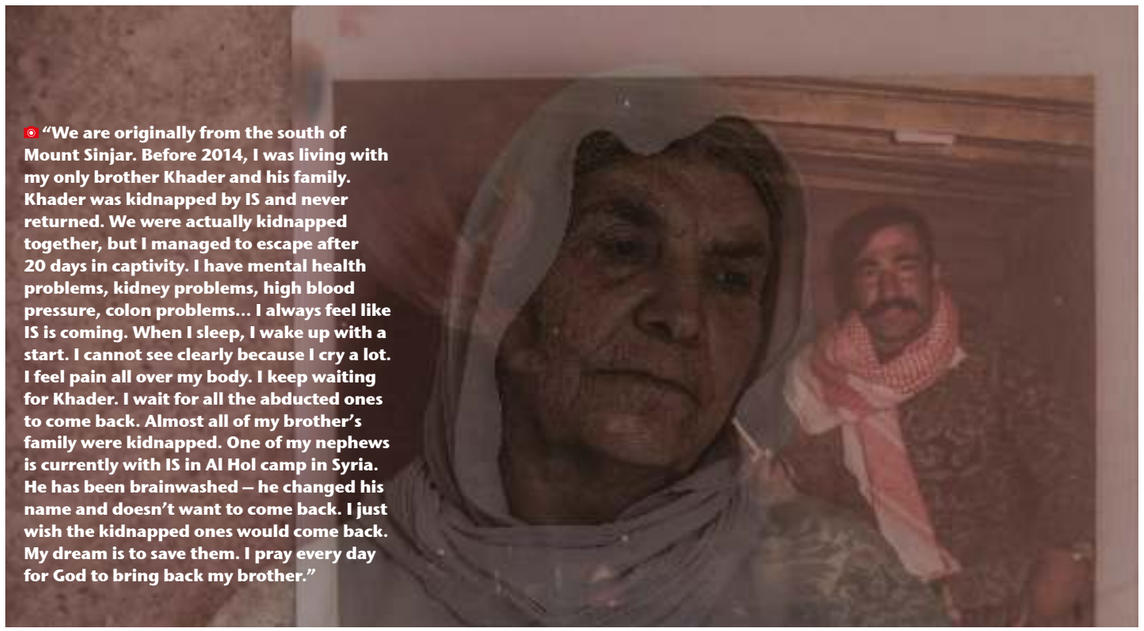
"The Iraqi mental health system definitely needs more money and more medications," says Dr Forget, "but the biggest need is for more qualified staff, and for them to be assigned to areas with the greatest shortages – especially rural and conflict-affected areas."

Since 2018, MSF has increased its mental healthcare activities to cover psychiatric and psychological healthcare in Sinuni as well as group sessions and mobile mental health clinics for the displaced people living on Mount Sinjar. ■

"The extent of loss in this community is incomprehensible and compounded by the trauma of extreme violence."

"I keep thinking about things I saw or heard, about the genocide. Children who died. Children who were killed by IS and then IS cooked them and gave the 'meat' to their mothers. We are from the south of the mountain, close to Sinjar town. After the genocide, we stayed for one year in a camp for displaced people in Kurdistan, then we came here, back to the mountain. I live in this tent with my family: my parents, my wife, my brother, my nephews... It is very, very difficult to live here. Living conditions are very hard. The latrines are shared and disgusting. I tried to kill myself three times: by drowning, with a gun, and with a knife. Each time, I was stopped. Since then, my family is worried about me, and I feel guilty because of that. It just makes things worse. I don't want to take medication because it has too many side effects. I would like a magic pill to make all of what happened disappear and make things good again."

"I am a mother of 10. Three of my children are disabled. We live in a tent on Mount Sinjar. Sometimes we don't get water for three days. During the summer, it's terribly hot. During the winter, it's terribly cold, and the rains damage everything. Winter is very hard here. Before the genocide we had a house in Sinuni. IS blew it up. We don't have the money to rebuild it, so we are forced to stay here, in these conditions. I first went to see the mental health team for my disabled daughter – she is aggressive and suicidal. And then I became a patient myself. I am overthinking all the time because of my disabled children and our living conditions. For that reason, I can't sleep."



"We are originally from the south of Mount Sinjar. Before 2014, I was living with my only brother Khader and his family. Khader was kidnapped by IS and never returned. We were actually kidnapped together, but I managed to escape after 20 days in captivity. I have mental health problems, kidney problems, high blood pressure, colon problems... I always feel like IS is coming. When I sleep, I wake up with a start. I cannot see clearly because I cry a lot. I feel pain all over my body. I keep waiting for Khader. I wait for all the abducted ones to come back. Almost all of my brother's family were kidnapped. One of my nephews is currently with IS in Al Hol camp in Syria. He has been brainwashed – he changed his name and doesn't want to come back. I just wish the kidnapped ones would come back. My dream is to save them. I pray every day for God to bring back my brother."

Image: Juan Carlos Tomasi/MSF

MENTAL HEALTH: PALESTINE

OCCUPIED MINDS

From the loss of their own homes to attacks by Israeli settlers or the military, Palestinians in the West Bank have long suffered living under occupation. Trying to lead normal lives in abnormal conditions is causing serious mental illnesses.

In Hebron, Palestinian civilians suffer abuses including the demolition of their homes and arbitrary detention. As well as physical injury, men, women, and particularly children suffer from long-term mental health impacts of these routine occurrences.

Since 1996, MSF has offered mental health consultations in the city of Hebron where Palestinian civilians suffer frequent abuses including the demolition of their homes, arbitrary detention, and persecution and attacks by Israeli settlers or the Israeli army. As well as sometimes experiencing physical injury, men, women and children suffer from significant long-term mental health impacts of these routine occurrences.

CHILDREN UNDER OCCUPATION

Rahaf, 14, has experienced severe psychosomatic symptoms such as insomnia and trembling hands for the past two years following the arrest and detention of her father and three brothers. "We were sleeping and we woke up to find them standing over our heads," she says of the Israeli army, who have routinely raided the family home for as long as she can remember. "In one month, they raided the house twice."

Rahaf's breaking point came when they detained her fourth brother, Hamzeh, while he was at work. "I never thought they would take Hamzeh," she says. "When they detained him he was at work at the gas station. There was a video recording, and we saw them beating him. We didn't hear anything about him until they brought him home 60 days later."

Rahaf's is a familiar story. Palestinians across the West Bank, and in particular in Hebron, suffer similar experiences every day. Some are persecuted by settlers wishing to establish ownership over the land, while others receive news that their home will be demolished. Some witness the demolitions; others enter into legal battles that can last years. These experiences create an environment of constant instability, anxiety and stress.

BREAKING POINT

For the past 11 years, mother-of-six Raghda has been fighting a demolition order issued for the house that she shares with two of her children. She finally sought psychological help from MSF in 2014 when her then 12-year-old son was detained by the Israeli military and imprisoned for six months. She breaks down in tears as she recounts the impact that it had on her and her children.

"I am not the kind of person who normally shows sadness, but because of everything I went through I began to cry in front of them. I was not like this before. When I reached this point I recognised that I was breaking. I am not an aggressive person who hits children, so I started to break plates and glasses. I felt that I was letting my anger out by breaking these things instead of hurting my children or myself."

Abu Firas is one of the MSF psychosocial workers in Hebron who supports families showing symptoms of mental health issues. He has worked at the Hebron project with MSF for nearly 20 years, supporting those who suffer from detentions, attacks and home demolitions.

"They feel all the time that their lives are threatened, they have no vision of the future, they are always frustrated and hopeless"

TREATING THE TRAUMA

The mental health issues that arise in response to traumatic events like those suffered by Raghda can lead to a prolonged sense of frustration, which, in turn, can result in familial or community breakdown. In Hebron, MSF works to counter the worst impacts of mental health issues connected to the occupation by offering free psychological support by trained mental health workers.

Abu Firas is one of the MSF psychosocial workers in Hebron. For nearly 20 years he has been supporting families showing symptoms of mental health issues.

"You can imagine what the response of a mother or a father might be when they witness the demolition of their house, which they previously considered a safe area. In these cases people suffer from stress, anxiety, sleeping problems; they feel all the time that their lives are threatened, they have no vision of the future, they are always frustrated and hopeless," he says.

"Our role is to try our best to help them and to introduce them to the resources they have in order for them to be able to continue their lives normally. Some of them returned back to their universities, schools... some of them were able to return to their work and some of them were able to support their families. For me this is an achievement."

Children are particularly vulnerable to long-term mental health issues as a result of witnessing or suffering traumatic events. Between February and July 2019, MSF provided 8,145 people with mental health services, of whom more than 60 per cent were children. The project continues to expand to provide services to as many of those affected as possible. ■

Images: John Wessels/MSF, Alexis Huguet/MSF

Health workers move a patient to a hospital after he was cleared of having Ebola inside a MSF supported Ebola Treatment Centre(ETC)

EPIDEMICS: DRC

CONTROLLING EBOLA

On 1 August 2018, Democratic Republic of the Congo (DRC) declared an outbreak of Ebola in North Kivu province. The World Health Organization (WHO) subsequently declared it a public health emergency of international concern. More than 3,000 people have been infected with the virus, but in recent months the situation has been steadily brought under control through a collaborative response.

"The current outbreak has ravaged northeast DRC for over 14 months, and though the number of new cases has recently decreased, the situation is still challenging"

The current – and by far the largest-ever – outbreak of Ebola in DRC is centred in the northeast of the country, in North Kivu and Ituri provinces. It is the second-biggest Ebola epidemic ever recorded, after the West Africa Ebola outbreak of 2014-2016.

During the first eight months of the epidemic, until March 2019, more than 1,000 cases of Ebola were reported in the affected region. In the following three months, from April to June 2019, this number doubled, with a further 1,000 new cases reported. From early June to early August, the number of new cases was high, averaging between 75 and 100 each week. But in recent weeks, numbers have steadily decreased, with an average of 18 new cases per week.

"The current outbreak has ravaged northeast DRC for over 14 months, and though the number of new cases has recently decreased, the situation is still challenging in parts of the region," says Brian Moller, MSF emergency coordinator for North Kivu – DRC.

One of the greatest challenges has been the difficulty in identifying and following up contacts of people diagnosed with Ebola. In the past three months, only 36 per cent of new Ebola cases were identified as contacts of previously confirmed cases, and 40 per cent of new Ebola cases were never registered as contacts. People continue to die in their communities, undiagnosed and untreated.

New Ebola patients are confirmed and isolated with an average delay of five days after showing symptoms, during which time they are both infectious to others and miss the benefit of receiving early treatments with a higher chance of survival.

Images: John Wessels/MSF, Alexis Huguet/MSF

5 FACTS ABOUT EBOLA

1 Ebola is caused by a virus transmitted between humans, and to humans from animals. In Africa, Ebola is believed to have developed after people handled infected animals, including fruit bats.

2 Human-to-human transmission occurs through contact with bodily fluids of an infected person, including blood and saliva. For this reason, health workers and others in contact with an infected person must wear protective clothing to avoid becoming infected.

3 Ebola usually begins with a sudden onset of fever, weakness, muscle pain, headache and sore throat. This is often followed by vomiting, diarrhoea and abdominal pain, which may progress to severe disease with altered mental status, shock, multi-organ failure and sometimes abnormal bleeding.

4 More than two-thirds of people with confirmed Ebola do not survive. In the current outbreak, the mortality rate is 71 per cent.

5 Nearly one-third – or 29 per cent – of confirmed patients in the current outbreak have been aged under 18. Five per cent of confirmed patients have been health workers.

THE STORY SO FAR...

4 JULY 2018
The first case of Ebola is confirmed in Goma, the capital of North Kivu province. The patient is admitted to the MSF-supported Ebola treatment centre in Goma.

30 JULY
A second person in Goma is diagnosed with Ebola; they die the following day, as two more cases are announced.

17 JULY 2019
One year after the epidemic began, the Word Health Organsiation declares the Ebola outbreak a public health emergency of international concern.

MID-AUGUST
The outbreak spreads to neighbouring South Kivu province – which becomes the third province in DRC to record cases in this outbreak.

28 AUGUST
The outbreak passes 3,000 cases and 2,000 deaths.

14 NOVEMBER
MSF and partners start a trial in Goma - North Kivu - using an investigational vaccine from Johnson&Johnson

After dressing in the yellow suits, hygienists must put on their masks. Dressing is done in pairs so that the partner can make sure that every detail of the process is done correctly.

Currently active Ebola emergency projects in North Kivu, Ituri and South Kivu camp - DRC. MSF is providing essential specialised care across the region and as of late October 2019, in collaboration with the DRC National Ebola Response, has vaccinated over a quarter of a million people.

HOW MSF IS RESPONDING

MSF has been involved in the Ebola outbreak response, working with the Congolese Ministry of Health, since the epidemic was declared on 1 August 2018.

As of late October 2019, MSF had more than 820 staff working in DRC in response to the Ebola outbreak. Our teams are also working with the DRC National Ebola Response on a vaccination campaign and as of mid November 2019, more than 254,151 people were vaccinated against the virus.

In November, preparations for the introduction of a new Ebola vaccine were completed. The Ministry of Health began vaccinations in partnership with MSF in Goma, North-Kivu soon after.

"If we don't invest time in engaging with communities we risk prolonging the epidemic"

In addition, MSF is supporting the Ebola response through patient care in four Ebola Treatment Centres in Bunia, Beni, Goma, and Biakato Mines in collaboration with the Ministry of Health.

THE HOME STRETCH

MSF continues to provide care for people suspected of having the disease, and manages transit centres for suspected Ebola patients. In addition, our teams are supporting existing health structures including treating common illnesses, improving water and sanitation, building transit units within existing facilities, and implementing triage and infection prevention and control.

Furthermore, MSF is reinforcing health promotion activities and community engagement in the areas where we work. We believe it will not be possible to end this outbreak if there is no trust built between the response and the affected people. Response authorities must listen to the communities. Ending the Ebola outbreak remains a complex endeavour. While fewer new cases have been confirmed in recent weeks, the epidemiological data shows that further efforts are needed to bring the outbreak to an end.

"We are all impatient to see the end of this outbreak, but if we do not invest sufficient time and attention to engaging with communities, there is a strong risk that we will further prolong the epidemic," said Brian Moller, MSF emergency coordinator for North Kivu, DRC. ■

Q&A: DR UNNI KARUNAKARA

HUMANITARIAN AID IN TIMES OF 'HOT PEACE'

On his recent trip to the U.A.E, we caught up with former MSF International President, Dr Unni Karunakara – who has worked with MSF for 25 years – to discuss his experience in emergency medical aid, MSF's principles, and the challenges facing aid workers in the modern world…

DR UNNI, WHAT MOTIVATED YOU TO JOIN MSF?

I first heard about MSF in 1984 when I was a medical student. There was a terrible famine in Ethiopia and I heard on BBC radio about MSF doctors doing incredible work to ease suffering. 10 years later, I met an MSF worker at an airport by chance, we got talking and he helped me join the movement. Shortly after I was headed to Ethiopia for my first mission with MSF.

TELL US ABOUT THAT…

I was very excited, I was tasked with setting up a tuberculosis (TB) programme in what is today the Somali region of Ethiopia. TB was a big problem in the region, with high transmission rates. I remember feeling paralysed for the first two weeks. Medical and public health textbooks had not really prepared me for the challenges on the ground. Then, after the initial shock, I started thinking about the problem, talking to experts and patients, and slowly developing a plan.
I am happy to say that I started a project that lasted nine years, and was handed over to the ministry of health as a model TB programme. I had planned to spend just one year with MSF, but that experience changed my life. I was in a place that had very few resources, and as a medical professional I felt a far more meaningful engagement than I'd experienced anywhere else.

TELL US ABOUT A MEMORABLE MOMENT WITH MSF?

It's hard for me to talk about one memorable moment… There are so many. In Angola, in 2002, after the end of the civil war we were crossing the frontline and going to places controlled by rebel groups. There we found people in extreme states of malnutrition, some not even having the strength to stand. It was extremely distressing. We took them to feeding centres and after one week, it was heartening to see the same kids walking and running around with a sparkle back in their eyes. That was a very bittersweet moment – because we were aware that we were not able to reach everyone. We would go with trucks and bring people to treatment centres, knowing fully well that those who we couldn't fit on the truck would die.

YOU BECAME THE INTERNATIONAL PRESIDENT OF MSF IN 2010 – TALK TO US ABOUT THAT…

So the International President (IP) is the chair of MSF's International Board (IB). The IB is tasked with safeguarding the identity of MSF and ensuring principled operations. In addition, the president is also the face of MSF, representing MSF positions to the rest of the world. It is equally important for the IP to be visible within the movement and champion a vision and direction. The IP also assists operations from time-to-time with difficult conversations with institutions or heads of state advocating for operational space in those countries. Last but not least, the IP also has an important role of bringing people together in moments of crisis… During my time there were kidnappings of our staff and during my successor's time one of our hospitals was bombed and our staff were killed. These are moments where one must bring the movement together – to reflect, to mourn but also to recommit to humanitarian values and action. The president has a symbolic role to play in that.

20 YEARS AGO MSF WON THE NOBEL PEACE PRIZE - WHAT HAS THE IMPACT BEEN SINCE?

I think the most important has been the creation of the Access Campaign and the fight for affordable therapies for people in countries where we work. The campaign has been instrumental in bringing affordable therapeutic options for diseases that affected neglected populations such as malaria, sleeping sickness, multi-drug resistant tuberculosis, HIV/AIDS, and more. However, though we've managed to put out a few fires, the forest is still burning. There is much more work to be done in fighting structural barriers to research and development for neglected diseases. We need to fight for more innovation, for patents that don't create monopolies for high profits, but rather for patents that create more competition driving prices down for lifesaving medicines.

WHY DO YOU THINK SPEAKING OUT IS SO IMPORTANT TO MSF'S WORK AND IDENTITY?

Very often we find ourselves in places where we are the only outside pair of eyes that sees what's going on. In order to create better conditions for people going through difficult times sometimes you need to provoke change, you need to call on authorities to bring about change to help improve situations for people. Our act is political in the sense that it highlights failure, and as doctors or nurses we have an ethical responsibility to push for solutions. In the past we claimed to witness and speak on behalf of people in need, but today we increasingly make it possible for people to speak for themselves – which I think is really important and positive.

WHAT ARE SOME OF THE BIGGEST CHALLENGES MSF FACES TODAY?

Change in MSF will happen largely due to external factors - whether that be climate change, migration or governments that are limiting the space for humanitarian action. So the negotiations are going to be much harder. Especially when humanitarian action is being criminalised and attacked with impunity. As MSF, we will have to find new ways of engaging governments on these issues and we can't be simplistic about how we do that…

WHERE DO YOU SEE MSF IN 20 YEARS' TIME?

I would like to say that we would be less needed and that the world will get better at solving problems and conflicts. But I am not that optimistic – I think that things are going to get worse before they get better and therefore our work as a humanitarian organisation will be even more essential. As the politics around us fails the humanitarian act will become more necessary and more important. ■

Dr Karunakara has worked with MSF for 25 years in projects across Africa, Asia and the Amiericas as well as serving as International President from 2010-2013.

In 2013, then International President, Dr Unni Karunakara visited Yida refugee camp in South Sudan where over 70,000 people sought refuge after fleeing conflict and MSF ran the only hospital in the camp - providing essential specialised care.

Images: Isabel Corthier/MSF, Igor G. Barbero/MSF, Susanne Doettling/MSF, Jan-Joseph Stok/MSF, Anna Pantelia/MSF, Benedicte Kurzen/MSF, Arnaud Finistre/MSF, Maya Abu Ata/MSF, Hannah Wallace Bowman/MSF

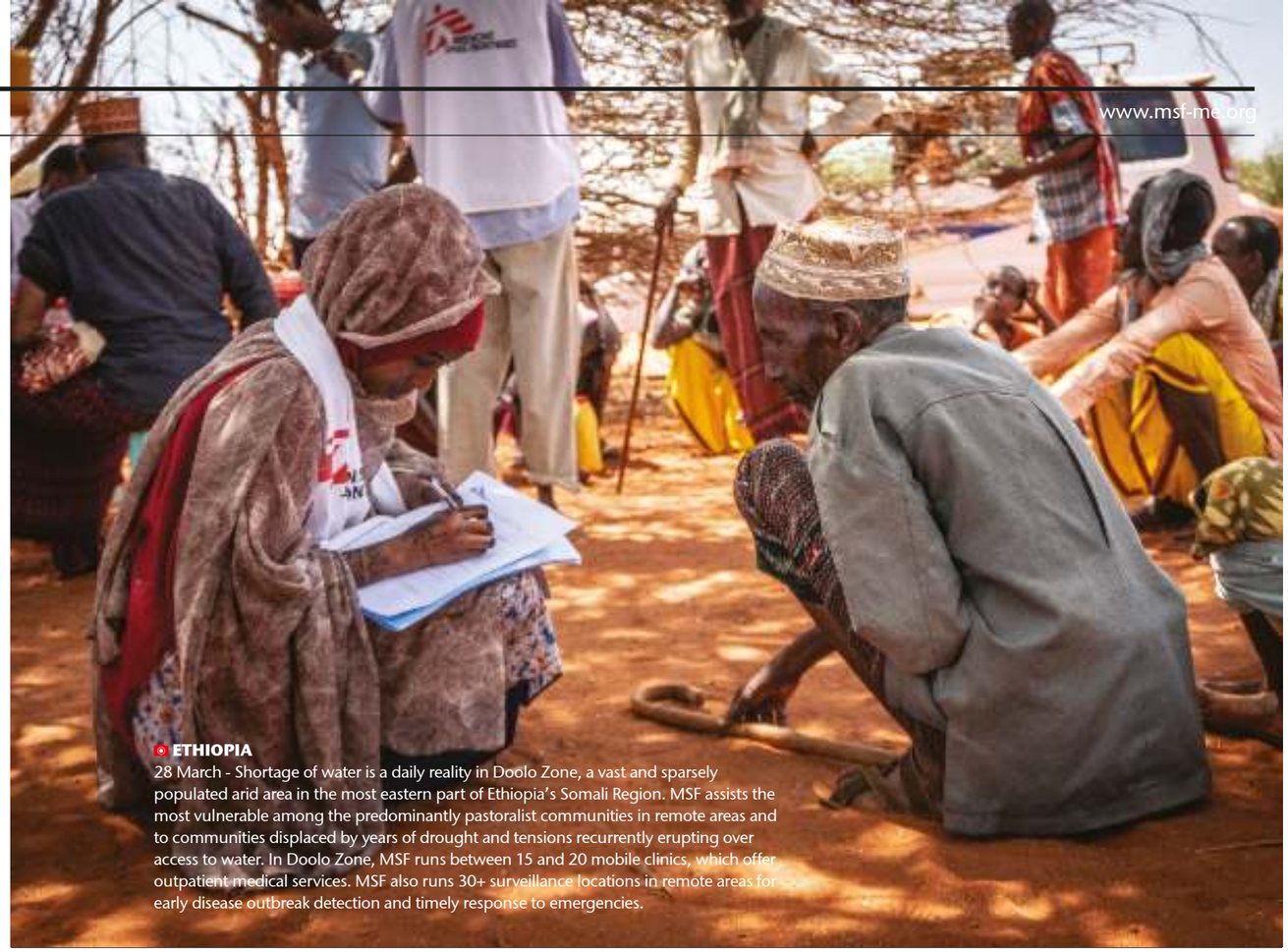
A YEAR IN PICTURES: 2019

MSF AROUND THE WORLD

In 2019, MSF worked in over 70 countries on over 400 projects, from the Ebola outbreak in the Democratic Republic of Congo to saving lives at sea in the Central Mediterranean. Thousands of our field staff have been on the frontline providing medical aid where the need is greatest. Here are a few highlights of our work…

MALAWI
21 January - A patient hugs MSF nurse mentor Chrissie Nasiyo during an outreach clinic session in Nsanje - a rural area where access to healthcare is limited by long distances. MSF and health ministry staff work together to provide regular 'one-stop' clinics conducted as outreach sessions. The clinics allow for discrete care and utilise the single visit to offer comprehensive health services, including HIV testing and initiation, counselling, tuberculosis screening and referral, sexually transmitted infection testing and treatment, family planning, care for victims of sexual violence, as well as referral for viral load and cervical cancer screening.

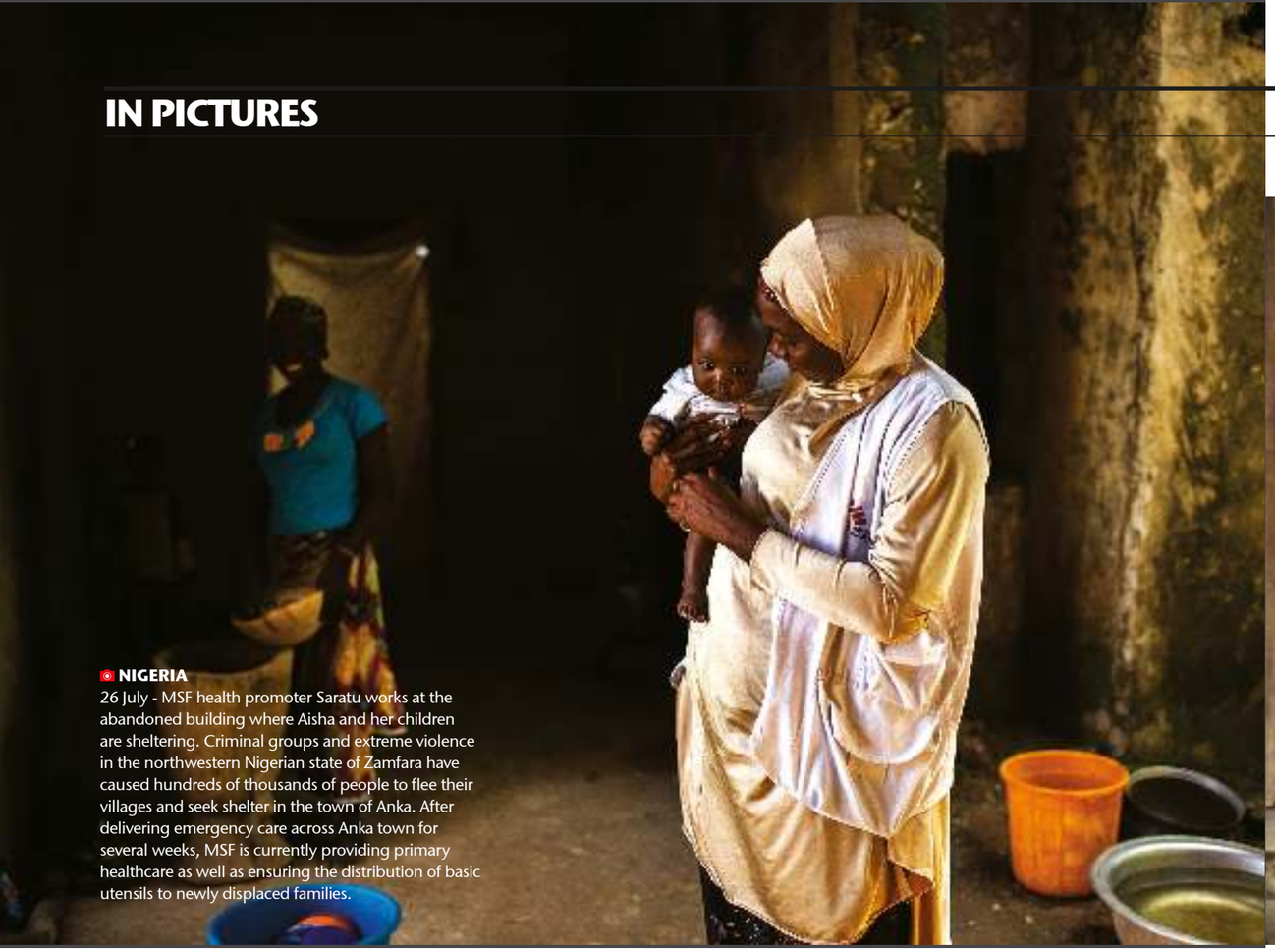
SUDAN
4 April - An MSF staff member examines the head injury of a girl at a hospital in Ulang, in northeast South Sudan. After years of civil war, South Sudan, Africa's youngest country, is in a state of relative calm with the ongoing peace agreement, however people's medical and humanitarian needs are still enormous. The health system has been brought to its knees during the conflict, while one-third of the population live out of their homes, either as refugees or in precarious militarised camps for displaced people, and many have to walk long distances or face significant challenges to access healthcare.



ETHIOPIA
28 March - Shortage of water is a daily reality in Doolo Zone, a vast and sparsely populated arid area in the most eastern part of Ethiopia's Somali Region. MSF assists the most vulnerable among the predominantly pastoralist communities in remote areas and to communities displaced by years of drought and tensions recurrently erupting over access to water. In Doolo Zone, MSF runs between 15 and 20 mobile clinics, which offer outpatient medical services. MSF also runs 30+ surveillance locations in remote areas for early disease outbreak detection and timely response to emergencies.

INDIA
24 April - Kim Kholling in her home talking to an MSF counsellor. Kim is a multi-drug-resistant turbulosis (MDR-TB) patient. She is still system positive and therefore contagious for others, so has to stay home. The MSF team in Churachandpur is treating her. MSF, which is the only international NGO in Manipur, has put a patient-focused model of care at the heart of its operations in order to improve outcomes and minimise the spread of the diseases. "One of the simple ways we've tried to reduce the spread of drug-resistant strains of tuberculosis is to bring care to the patient, instead of making them come to us," says Edoardo Nicolotti, MSF Project Coordinator. "When someone is newly diagnosed, we visit them at home to carry out an infection prevention and control assessment. If they live with family, we offer to build a simple house for them near to the house. This greatly minimises the risk of transmission to others but keeps the patient close enough to maintain normal interaction."

GREECE
4 February - MSF psychologist Danai Papadopouloy, with cultural mediator Marjan Dana Abidian, in session with a minor from Afghanistan during a mental health consultation outside Moria camp on Lesbos island, Greece. Among those referred to MSF's specialised mental health services, for children between the ages of 1-18, MSF's patients present with changes in behaviour such as aggressiveness or withdrawal, stopping eating, nightmares, bed-wetting, panic and anxiety, developmental regression, as well as self-harm, suicidal ideation and suicide attempts.



NIGERIA
26 July - MSF health promoter Saratu works at the abandoned building where Aisha and her children are sheltering. Criminal groups and extreme violence in the northwestern Nigerian state of Zamfara have caused hundreds of thousands of people to flee their villages and seek shelter in the town of Anka. After delivering emergency care across Anka town for several weeks, MSF is currently providing primary healthcare as well as ensuring the distribution of basic utensils to newly displaced families.

IRAQ
11 August - More than two years since the battle between the Islamic State (IS) group and the Iraqi forces officially ended in Mosul, the healthcare system remains fragile with thousands of families struggling to access quality affordable healthcare. Amongst the most vulnerable are pregnant women, many of whom deliver at home with untrained midwives. In 2017 MSF opened a specialised maternity unit in Nablus Hospital, West Mosul, in order to respond to this unmet need. The unit provides safe, high-quality and free maternal and neonatal care in an area of the city where the community and the health system continue to struggle. In July this year, a second MSF team opened a smaller facility at Al Rafadain Primary Health Care Centre, also in West Mosul, providing routine obstetric and newborn care, while offering local women another safe place to deliver even closer to home.

MALAYSIA
20 April - A young Rohingya girl stands in the doorway of her family's home, wearing a T-shirt with the French words "C'est la vie" (That's life). There are over 177,000 registered refugees and asylum seekers in Malaysia, the vast majority of whom are from Myanmar. Some 97,750 are Rohingya, making them the largest refugee group in the country. To respond to the clear gap in services for this vulnerable group, MSF has been providing healthcare to Rohingya and other refugee and undocumented migrant communities in the Malaysian state of Penang since 2015.

CENTRAL MEDITERRANEAN
August 24 - On board the Ocean Viking, two rescued children are drawing together. The MSF medical team triage all those coming on board, treating the most immediate medical cases first. On July 23, MSF, in partnership with SOS MEDITERRANNEE, relaunched its search and rescue operation in the Mediterranean with a new ship, the Ocean Viking, as thousands of people continue to drown attempting to reach safety. After rescuing 356 people in four consecutive days, on August 23, after nearly two weeks stranded at sea, a coalition of EU countries finally stepped up to grant all 356 men, women and children on board a place of safety. ■

Images: Tom Stoddart/Getty, Peter Bauza/MSF, Gideon Mendel/MSF, Sheila Shettle/MSF, Louise Annaud/MSF, Yann Libessart.

الرسم: توم ستودارت/غيتي، بيتر باوزا/أطباء بلا حدود، غيديون ميندل/ أطباء بلا حدود، شيلا شيتل/ أطباء بلا حدود، لويز أنو/ أطباء بلا حدود، يان ليبيسارت

MSF ACCESS CAMPAIGN

20 YEARS OF ADVOCACY IN ACTION

After being awarded the Nobel Peace Prize in 1999,''in recognition of the organisation's pioneering humanitarian work on several continents'', MSF established The Campaign for Access to Essential Medicines – designed to support the clinical development, production, procurement and distribution of treatments for neglected diseases. Here we look back at just some of the highlights in advocating for access to medicines over the past 20 years.

FRUSTRATION CATALYSES INTO ACTION

In the late 1990s, frustration mounts over people dying from treatable diseases. MSF begins to document the problem, joining with patient groups to speak out forcefully and demand action.

ACCESS CAMPAIGN LAUNCHED

MSF's Campaign for Access to Essential Medicines is launched. When MSF is awarded the Nobel Peace Prize the funds go to improve treatments and boost research for neglected diseases.

LANDMARK $1-A-DAY HIV TREATMENT

MSF offered $350-per-year price - a huge drop from Big Pharma's $10,000. This boosts political will to treat HIV/AIDS in developing countries. Competition sparks further price reductions.

DRUGS FOR NEGLECTED DISEASES INITIATIVE (DNDI)

MSF and partners launch DNDi. Over 15 years it delivers eight new treatments for five deadly diseases - malaria, sleeping sickness, Chagas disease, leishmaniasis, and paediatric HIV.

NOVARTIS TARGETS 'PHARMACY OF THE DEVELOPING WORLD'

MSF campaigns to protect India's production of affordable drugs from Novartis' first attack on its patent law and collects nearly half a million signatures. Novartis loses the case.

MSF PUSHES FOR NEW TOOLS TO END EBOLA

The West Africa Ebola outbreak spurs research and development into vaccines and treatments; MSF later supports clinical trials and pushes for affordable, accessible tools.

A FAIR SHOT CAMPAIGN FOR AFFORDABLE VACCINES

MSF pressures Pfizer and GSK to reduce the price of the pneumonia vaccine to $5 per child with A Fair Shot campaign. MSF wins a lower price but many countries still cannot afford it.

BREAKTHROUGH FOR SLEEPING SICKNESS

A result of 10 years' research efforts from discovery to clinical development, DNDi launches a new oral drug for sleeping sickness, fulfilling a longstanding medical need identified by MSF.

حملة توفير الأدوية الأساسية

20 عاماً من مناصرة قضية توفير الأدوية

بعد حصول منظمة أطباء بلا حدود على جائزة نوبل للسلام في عام 1999 "تقديراً لعملها الريادي الإنساني في عدة قارات"، أسست المنظمة حملة توفير الأدوية الأساسية – والمخصصة لدعم التطوير السريري والإنتاج والتوريد والتوزيع للعلاجات الخاصة بالأمراض المهملة. فيما يلي نعود لنلقي نظرة على بعض أهم الجوانب في مسيرة مناصرة قضية توفير الأدوية على مدى 20 عاماً.

انفراجة في مرض النوم

نتيجة لجهود عشر سنوات من الأبحاث وجهود التطوير السريري، مبادرة الأدوية للأمراض المهملة تطلق دواءً فموياً جديداً لمرض النوم، مستجيبة بذلك لاحتياج طبي قائم منذ أمد بعيد كشفت عنه أطباء بلا حدود.

الجرعة العادلة

أطباء بلا حدود تضغط على شركتي فايزر و جي إس كي لخفض سعر لقاح التهاب الرئة إلى 5 دولارات لكل طفل من خلال حملة الجرعة العادلة. تفوز أطباء بلا حدود بسعر مخفض للقاح لكن دولاً كثيرة مع ذلك ما زالت غير قادرة على دفع تكاليفه.

تفشي وباء الإيبولا

تفشي الإيبولا في غرب إفريقيا يحفز على الأبحاث والتطوير في اللقاحات والعلاجات؛ وفيما بعد تدعم أطباء بلا حدود تجارب سريرية وتدفع نحو توفير أدوات ميسورة التكلفة وسهلة الوصول.

نوفارتيس، أسقِطوا القضية!

أطباء بلا حدود تحشد لحماية إنتاج الهند من الأدوية ميسورة التكلفة ضد الهجوم الأول لشركة نوفارتيس على قانون براءات الاختراع خاصتها وتجمع نحو نصف مليون توقيع. ونوفارتيس تخسر القضية.

مبادرة الأدوية للأمراض المهملة

أطباء بلا حدود وشركاؤها يطلقون مبادرة الأدوية للأمراض المهملة (DNDi). على مدى 15 عاماً تقدم المبادرة ثمانية علاجات جديدة لخمسة أمراض قاتلة – الملاريا ومرض النوم وداء شاغاس والليشمانيا وفيروس نقص المناعة البشرية لدى الأطفال.

حدث بارز – دولار في اليوم لعلاج فيروس نقص المناعة البشرية

العرضُ الذي قدمته أطباء بلا حدود بأن يكلف العلاج 350 دولاراً في السنة، مقابل السعر الذي تفرضه شركات الأدوية الكبيرة وقدره 10 آلاف دولار – يدعم الإرادة السياسية لعلاج الإيدز في الدول النامية. والمنافسة تؤدي إلى مزيد من خفض الأسعار.

إطلاق حملة توفير الأدوية الأساسية

حملة أطباء بلا حدود لتوفير الأدوية الأساسية قد انطلقت. عندما حصلت أطباء بلا حدود على جائزة نوبل للسلام ذهبت قيمة الجائزة النقدية لتحسين العلاجات ودعم أبحاث الأمراض المهملة.

الإحباط يدفع إلى المبادرة

في أواخر تسعينيات القرن الماضي تصاعَدَ الإحباط حيال موت الناس بأمراض قابلة للعلاج. وبدأت أطباء بلا حدود توثق المشكلة بالتعاون مع مجموعات المرضى للتحدث علانية بأعلى صوتها والمطالبة بالتحرك.