

WITHOUT BORDERS

Issue 38 | March – June 2018

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



A DECADE OF HEALING IN AMMAN, JORDAN

Iraq

Far from home

Bangladesh

The never-ending journey

Global

2017: a year in pictures

Jordan

10 years of reconstructive surgery

REQUIRED: PAEDIATRIC INTENSIVISTS



MSF is recruiting committed and experienced paediatric intensivists to work in field projects in the region. If you're experienced, motivated, and believe everyone deserves access to medical care, please visit us at msf-me.org/work-field

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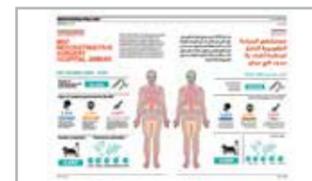
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WELCOME



Since July 2014 it has been my privilege to hold the position of Executive Director with MSF in the UAE. As I reach the end of my tenure, I find myself reflecting on our work in recent months and years – on the projects that may come to define us as a medical humanitarian movement.

I joined MSF at the height of the West African ebola crisis – a tragedy of such magnitude and ferocity that it will be remembered for generations to come; in 2015, MSF's first search and rescue missions in the Mediterranean were launched, an operation that has rescued more than 75,000 people – people desperate enough to risk their lives in flimsy boats on a treacherous and unforgiving sea crossing; I have watched with pride as our reconstructive surgery hospital in Jordan has grown – treating patients from Syria, Yemen, Iraq and more, for complicated injuries suffered as a result of war. In December, I had the opportunity to visit our projects in Cox's Bazar, Bangladesh. Seeing our teams in action was a reminder that our work – our medical humanitarian mission, is a lifeline to millions of people around the world.

The context surrounding each of these interventions is bleak, but looking back, I am faced not with horror, but admiration for the human spirit in the face of adversity. A common strand in every emergency I have seen, has been the willingness to overcome boundaries and divisions – to ensure that men, women and children have access to a dignified standard of healthcare, because that is what we as human beings have a right to expect.

From our patients and staff in the field, weathering crises as they occur, to our staff in headquarters, to our donors and supporters around the world, I am filled with admiration for a community working together for greater access to healthcare, and assisting others in their time of need.

I feel a great sense of pride in working for MSF, and I would like to sign off by extending my heartfelt thanks to each of you for your contribution to the MSF movement.

Yours sincerely,

Mohamed Bali
Executive Director
Médecins Sans Frontières UAE

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Front cover photograph:
Dr Rasheed Al-Sammarraie, Surgical Coordinator at the Reconstructive Surgery Hospital in Amman, has been working with the project since it began, in 2006. © Tom Barnes

MSF has been in the UAE since 1992 under the patronage of His Excellency Sheikh Nahyan Bin Mubarak Al Nahyan.

MSF is a member of International Humanitarian City, UAE.

Images: Peter Bauzer, Christina Simons/MSF, Carl Theunis/MSF, Laurence Hoenig/MSF, Florian Serieux/MSF

MSF: SITUATION UPDATES

Every day our teams around the world are providing emergency medical care to people affected by conflict, epidemics, disasters or lack of access to healthcare. Our work is funded mainly by donations from the public. This gives us the independence to provide quality medical care to those who need it most, regardless of race, religion or political affiliation. Here we bring you updates from some of our projects around the world.

ZAMBIA

PROMISING RESULTS FOR CHOLERA VACCINE

In another promising development for people affected by large-scale cholera epidemics, recent data from Zambia's 2016 cholera epidemic has highlighted that just one dose of oral vaccine provides effective short-term protection against the disease during an outbreak, similar to that of the currently recommended two doses.

The results of the study conducted by MSF's research arm, Epicentre, the Zambian Ministry of Health, the Pasteur Institute and the World Health Organization (WHO) - were published in the 8 February edition of The New England Journal of Medicine.



DRC

CHOLERA EPIDEMIC

The Democratic Republic of the Congo has experienced its most significant cholera outbreak for 20 years. In 2017, 55,000 people fell ill across 24 of the country's 26 provinces, and 1,190 died. MSF has been at the forefront of the medical humanitarian response, treating half of the cases (around 25,300 people) across the country, especially in the provinces of Kongo Central, Kwilu, Kasai, Haut Lomami, Maniema, Tanganyika, South Kivu, North Kivu, Ituri and Bas-Uélé.

The epidemic also reached the country's capital, Kinshasa. This megapolis of 12 million people is the nerve centre of the country's trade and home to one in every six Congolese. It is vulnerable to cholera because of a lack of drinking water, sanitation, and health infrastructure that is properly adapted to provide treatment in cholera-affected areas. From the end of November until 22 January 2018, health authorities indicated 826 suspected new cases and 32 deaths (mortality rate 3.8 per cent).



SOUTH SUDAN

MSF: THIRTY-FIVE YEARS IN SOUTH SUDAN

January 2018 marked 35 years since MSF first began working in South Sudan. In 1983, in what was then the region of Southern Sudan, MSF began operations. Currently MSF is running 16 projects with 300 international staff, and 3,300 locally-based staff. MSF has more locally based staff in South Sudan, than any other country in the world. Since 2011 MSF has conducted seven million medical consultations, 30,000 surgical interventions, and treated one million cases of malaria in South Sudan.



SYRIA

MASS-CASUALTY INFLUXES IN EAST GHOUTA

Casualties in Syria's besieged East Ghouta enclave soared in late February. Hospitals and clinics supported by MSF have seen more than 520 dead and treated 2,500 wounded after days of intense bombing and shelling between February 18 and February 23, among them many women and children. Over the same period, 13 medical facilities fully or partially supported by MSF were struck by bombs or shells. On the third day of the offensive, MSF-supported medics called for increased medical supplies. After six days of incessant bombardment, they simply called for the bombing to stop.



YEMEN

HUMANITARIAN EMERGENCY

The escalation in fighting in Yemen has created a large-scale humanitarian emergency. The blockade has a deep impact on access to food, water and healthcare for Yemenis and on the economic situation in the country. Limiting imports to "emergency and relief" items as designated by the Saudi-led coalition is not enough to sustain the needs of the Yemeni population. MSF insists on the need for a wider reopening of ports and airports for commercial purposes to prevent further suffering. Much more humanitarian assistance is needed in Yemen – the war is increasing the population's needs; MSF and the other limited number of organisations on the ground can't respond to them alone.



USA

END OF TEMPORARY PROTECTED STATUS FOR SALVADORANS PUTS LIVES AT RISK

The decision by the Trump Administration to end Temporary Protected Status (TPS) for approximately 200,000 Salvadorans living in the US threatens to directly endanger their lives. TPS allows temporary lawful status and work authorisation in the US to people whose countries have been affected by armed conflict, natural disaster, or other extraordinary events. Salvadorans allowed to live and work in the US through TPS now have until 9 September, 2019, to leave the US or face deportation.

MSF teams regularly witness the impact of violence on Salvadorans through medical and mental health programmes that treat people travelling along dangerous migration routes throughout Mexico. Most of the migrants treated by MSF are from El Salvador, Honduras, and Guatemala – the Northern Triangle of Central America. Many are fleeing unrelenting violence, death threats, and gang recruitment.

In survey and medical data from MSF's programmes in Mexico released last year, 55 per cent of Salvadoran refugees and migrants reported being victims of blackmail or extortion, 56 per cent had a relative who died due to violence, and 67 per cent said they never felt safe at home. ■

Images: Anna Surinyach



■ A young boy is examined by a doctor in MSF's clinic next to Nayapara refugee camp.

ASSESSMENT: BANGLADESH

A PRECARIOUS SITUATION: HEALTH AND SHELTER IN BANGLADESH



In December 2017, Mohamed Bali, General Director of MSF UAE, went to Cox's Bazar, Bangladesh, to gain a fuller understanding of the crisis there. This is the interview he gave upon his return.

COULD YOU GIVE US A BIT OF CONTEXT ON YOUR RECENT VISIT TO BANGLADESH, AND THE SITUATION THERE?

Recently I visited Bangladesh and more precisely Cox's Bazar, where approximately 850,000 people now reside, having fled violence in Myanmar. Approximately 200,000 people have been there for 20 years; this isn't a new situation, nor is it the first time this has happened in Bangladesh. However, the arrival of some 600,000 people between August and January has significantly increased the need for humanitarian aid and medical

services. To respond to the daily needs of this population in limbo, the major international non-governmental organisations will need to scale up their efforts significantly. We're under no illusions about the challenge here – the size of this refugee population is greater than some cities, and currently they lack the basic infrastructure required by all human beings – the kind of infrastructure that provides food, clean water, sanitation, adequate shelter. This is no small task, and we're still in a phase that focuses on the basics, not to mention the privacy and dignity of this population – things they have a right to expect.

WHEN YOU ARRIVED IN COX'S BAZAR, WHAT WERE YOUR FIRST IMPRESSIONS?

Arriving in Cox's Bazar, it was immediately clear that there is a humanitarian emergency, from the multitude of humanitarian workers, vehicles and equipment being loaded and unloaded.

The refugee camp is about an hour and a half's drive from the city of Cox's Bazar. I began by visiting one of MSF's hospitals – it was completed in December and when I arrived the medical staff were working on a vaccination against Diphtheria.

My first thought when I saw the refugee camp, was that this crisis will not be solved overnight, or anytime soon for that matter. The camp itself spans approximately 18 by 20 kilometres over undulating terrain – the only way to see it all at once is from the air. It is densely populated by makeshift shelters, which will provide little sanctuary when the rainy season arrives in April.

WHAT ARE THE MOST IMMEDIATE CONCERNS IN THIS CRISIS?

A clear point of concern is the potential for widespread disease. I saw many latrines that had been set up, with water pumps nearby that simply weren't drilled deeply enough – people have been proactive in creating their own water sources, but this set up presents a clear risk of contaminated drinking water. This is why MSF is in the process of building at least 20 wells, at a depth of 150 metres – this safeguards against cross-contamination, and provides a source of clean water.

DID YOU SPEAK TO ANYONE LIVING IN THE CAMP ABOUT THEIR EXPERIENCES IN MYANMAR?

I spoke to a man living in the refugee camp. He had been a teacher in Myanmar – he spoke about being denied citizenship at home, and thus having no passport or opportunities to travel, no opportunities for

higher education. He spoke about having to travel back and forth between Myanmar and Bangladesh to study. Despite the restrictions he mentioned, many others in the camp expressed a wish to return home; living in a camp, doing nothing all day and simply waiting isn't a situation any human being would strive toward. People remain however, because they have no guarantee of safety and many aren't even sure there's something to go back to.

Numerous refugees are unable to communicate with the family or friends they left behind. Aside from the obvious emotional difficulty that presents, it further clouds any understanding of the situation for Rohingya in Myanmar. But people continue to arrive in Bangladesh, and that speaks for itself. People arrive here with nothing – no food, tools, or currency. Many of them left in a hurry without basic supplies or practical clothing, and then faced an arduous journey on foot without respite. Some of them walked for as long as ten days. That in itself is striking to me – a significant number are elderly or infirm, and to undertake a journey which few physically able people have the stamina for, reveals the desperation they must have felt.

WHAT DIFFERENCE IS MSF MAKING?

MSF is providing essential medical care and monitoring the situation to prepare for potential outbreaks and medical emergencies. Many of these people are in clear need of medical care, and the situation warrants a high level of vigilance as far as infection is concerned. The hygiene situation is precarious at best, and almost a million people living in a small pocket of land doesn't help matters. Our goal is to take precautions against the risk of any outbreaks. Right now our teams are on the lookout for hepatitis, measles and diphtheria.

IS THERE ANYTHING YOU'D COMPARE THIS SITUATION TO?

In terms of scale, this situation is comparable to a natural disaster, but uncertainty compounds this crisis. We don't know for sure, how or when these people will be able to return home and rebuild their homes and communities. They simply wait. You can feel that here, the uncertainty, the waiting. When someone is given a timeline, a finish line as it were, it might be easier to endure a difficult situation. But they are stuck, and there's no end date in sight; their hopes are slim.

An image that has stayed with me from the camp, was the seemingly endless line of people walking up and down hills, carrying firewood. Young and old alike seemed to walk incessantly, carrying enormous bundles to provide fuel for cooking, for warmth. And returning to their shelter with a heavy load, their journey would begin again. ■



• Mohammed Faisal and Ruzina

SEEKING SANCTUARY: BANGLADESH

THE NEVER-ENDING JOURNEY

Humaira and Ali Ahmed were born 55 years apart and have both had their own families. There are many differences in their experiences. But they are united by the fact they have been forced to flee their homes in Rakhine State, Myanmar, and by the fact that they have endured loss. They both now reside in Cox's Bazar, Bangladesh. Like so many others around the world, Humaira and Ali Ahmed wished to lead simple, peaceful lives with their families and be afforded a modicum of dignity and respect.

HUMAIRA

Humaira is a 25-year-old Rohingya refugee from Maungdaw district in Rakhine state. She arrived in Bangladesh in October 2017, after the violence reached her hometown. In late January 2018, she was found in a state of shock by an MSF outreach team in the Jamtoli makeshift settlement and brought to the MSF primary healthcare centre there, where she is now being hydrated. She is accompanied by her seven-year-old son, Mohammed Faisal, and a three-and-a-half-month-old baby girl, Ruzina, who doctors say is malnourished and weak. Humaira hasn't been able to breastfeed her daughter since she was born. If the MSF team cannot help her start breastfeeding, Ruzina will be given formula milk. Mohammed Faisal has been looking after Ruzina, feeding her with chips softened in water.

THE DEPARTURE

When the violence broke out, my husband was taken by the Myanmar military. I don't know whether he is dead or alive. They took us from our homes, burned them to the ground and beat us very badly. When we fled, I was already heavily pregnant. I left with my son and another woman, but lost contact with her during the journey. I couldn't take any belongings with me. We walked for several days through the forest. We were starving and only survived by eating leaves from the trees. We slept in the bush. We finally reached the riverside and boarded a boat that would take us to Bangladesh.

THE JOURNEY

My baby, Ruzina, was born on the river. I went into labour while already on board and the whole process lasted three hours. The boatmen and another woman who was there helped me through it. Throughout the journey I felt bad, it was so hard. I thought only about giving birth to my child and getting her away from the violence. I thought only of getting as far away as I could and I believed only in Allah. After we reached Sha Porir Dwip [the southern point of the Cox's Bazar peninsula] we were taken by bus to Jamtoli settlement. I was given a tent to live in with my two children. I was unable to build it, but some villagers helped me with this.

THE PRESENT

After a month in Jamtoli I started to get some [humanitarian] relief. But I never have enough to eat and because of that I can't breastfeed my baby. I felt sick in the beginning. I can't sit down properly and can't do some things due to the pain I feel in my body. All the food I get in the settlement is found by my boy (Mohammed Faisal). He goes to school and plays football in the afternoon. He washes his sister's clothes and fetches water. I hope that he will help me through all the difficulties of the future.

ALI AHMED

Ali Ahmed is an 80-year-old Rohingya refugee living in the Jamtoli makeshift settlement. He is from a town with about 5,000 houses in Buthidaung district, Rakhine. Ali Ahmed arrived in Bangladesh in the first week of September 2017. This is the third time in the last four decades that he has been a refugee in Bangladesh. He has lived in three different camps, for more than six years in total, and he has undertaken two return trips to Myanmar. He has been the father of six sons and one daughter; two of his sons died during an eruption of violence against the Rohingya in 2017. His now-deceased wife gave birth to two sons the first time they were displaced to

Bangladesh. Before these events would shape his life, Ali was a curious young man who spent seven years working as a cook in a hotel in Rangoon (today Yangon). He had returned to Rakhine because he missed his family.

THE FIRST JOURNEY

It was February 1978, I was 40 years old. My family were beaten and tortured. I fled with my wife and two children. On the way I lost some old photos from my time in Rangoon. I was very fond of them but they fell into the river during our journey. Once in Bangladesh, we stayed in a settlement in Ukha. After three years we were sent back to the same area of Buthidaung. We were brought by bus and boat. After reaching our home town, we rebuilt our house in the same plot where the previous one had been destroyed. We made it with wood, with four rooms. We started cultivating the land around it. We lived there for some time peacefully, but gradually problems reappeared: sometimes our cows were stolen and we were often arrested.

THE SECOND JOURNEY

In 1991, it started to get a lot worse again and we decided to leave. I had been doing forced labour for four years. The army chose me because I spoke a bit of Burmese. I left my village with my wife, two sons, their wives and one grandson. It took us seven days to reach Bangladesh. We lived for four days in the forest as we made our way to the shores of the Naf river. After three more days we reached Bangladesh and, this time, ended up in Kutupalong. A larger part of my family remained displaced in different parts of Rakhine. I lost contact with them until I went home again in 1994. Life in Kutupalong was acceptable. There were about 18,000 people in the camp.

THE THIRD JOURNEY

I was happy to return in the beginning, but after some years, in 2002, we were being arrested and beaten frequently. We were not allowed to travel, we couldn't even go three kilometres from home. Every day there was more bad news. I thought of going back again to Bangladesh so many times. After some violent events in 2014, we started to think we should leave again. We thought: we don't belong here. In the recent violence, my house was burnt and two of my children were killed. Now there are nine of us here in Jamtoli, including four sons and a daughter. We don't face any major problems in Bangladesh, but conditions will get worse with the arrival of the rains. We won't be able to move from one place to another. It will be slippery. We are not afraid of going back to Myanmar, but we want our rights to be respected. ■

Images: Tom Barnes



RECONSTRUCTIVE SURGERY: JORDAN

A DECADE OF HEALING

MSF's reconstructive surgery hospital in Amman was established in 2006 to offer advanced surgical and rehabilitative care to victims of war and violence from Middle Eastern countries. It was initiated after victims of war in Iraq were unable to access the necessary medical attention needed, and has continued due to the ongoing conflicts in the region and the lack of appropriate healthcare facilities in war-torn countries.



Surgeons at our Amman-based reconstructive surgery hospital operate on victims of conflicts in the Middle East whose wounds are inflicted by bomb blasts, bullets, shrapnel and burns. Research and innovation are an important part of the hospital's programme. For more than 10 years MSF's reconstructive surgery hospital in Amman, Jordan, has helped heal the bodies and minds of war-wounded patients.

"When we initially opened this hospital, nobody thought we were going to stay 10 years," says Marc Schakal, MSF's head of mission for the reconstructive surgery programme.

"But after 4,500 admissions and more than 11,000 surgical interventions, it's clear we have work for the next 10 years, and one hospital is not enough."

In addition to benefitting from orthopaedic, maxillofacial or plastic and burns surgery, patients also receive physiotherapy and mental health counselling.

A TEAM OF EXPERTS

The surgical team consists of four orthopaedic surgeons, one maxillofacial surgeon, and one plastic surgeon, all from Iraq or Jordan. As a result of regularly treating war-related injuries, surgeons at the

hospital have developed unique experience and skills. In tandem with physiotherapy, the reconstructive surgery aims to restore functionality and mobility to patients whose bodies and lives have been altered by weapons of war.

The programme was originally opened to treat seriously war-wounded Iraqis without access to proper healthcare.

As violence spread across the region, with the 2008 Gaza War, and the Arab Spring in 2011, the hospital began receiving patients from Syria, Libya, Yemen and Palestine. In those countries, the destruction of key health structures, lack of medical staff and the impoverishment of populations have drastically limited the chance of recovery for victims of conflicts.

RESEARCH AND INNOVATION

More than 50 per cent of patients arrive with chronic infection and more than 60 per cent of these infections are multidrug-resistant.

In 2015, the reconstructive surgery programme set up a microbiology laboratory in the hospital to improve the quality of MSF's medical interventions for patients with infectious complications of conflict injuries. It also aims to provide guidance for the management of resistant orthopaedic infections faced by other regional medical providers.

The hospital also runs an antimicrobial stewardship programme to promote optimal antibiotic use in hospitals to help combat the ever-growing global threat of antibiotic resistant infections. This is achieved through the implementation of what is known as "the four Ds": correct drug, correct dose, correct duration, and de-escalation of antibiotic therapy.

3D-PRINTED PROSTHETICS

The implementation of a 3D printing project was introduced to the reconstructive surgery programme through the MSF Foundation at the beginning of 2017. It aims to design and produce prosthetics for upper-limb amputees as an alternative to conventional prosthetics, as well as access the feasibility of other 3D-printed rehabilitation and prosthetic devices.

Although there are many prosthetic options for lower-limb amputees, there is little available for upper limbs. The 3D printing team aims to target this population by offering customised, lighter and cheaper prosthetics, which are potentially significantly faster to produce than traditional artificial limbs.

A new dedicated website shines a light on the stories of patients at our reconstructive surgery hospital and their long, complex journeys of recovery. ■



"For more than 10 years MSF's reconstructive surgery hospital in Amman, Jordan has helped heal the bodies and minds of war-wounded patients."

■ Dr Rasheed Al-Sammarraie, Surgical Coordinator at the Reconstructive Surgery Hospital in Amman, has been working with the project since it began, in 2006.

DISPLACEMENT: IRAQ

FAR FROM HOME

Nawar* lives in a camp for internally displaced people near the city of Sulaymaniyah in northern Iraq. Her face lights up when she describes the beauty of her home, but the light soon fades as she remembers what happened to her family. Nawar has been in the camp for four years. She received support from an MSF psychologist to recover from depression. This is her story:

My name is Nawar and I'm 54 years old. My son, his wife and three children live here, along with my other son and his wife and their five children. My third son is here as well.

There was conflict near our home between the Iraqi army and the Islamic State (IS) and we were afraid. IS didn't allow us to sleep because they were shooting all night.

We lost everything in the conflict – our houses, everything. Before IS, we lived in heaven; we had a wonderful life. We never even got sick. Then we left our home and became displaced people. It's been four years since we left.

While we've been in the camp, we haven't been hungry. All the organisations visit us and help us. But we became depressed here because we lost everything. We used to have farms, cars, houses. But they were taken from us. They entered our homes and took everything, then they destroyed them.

It was such a beautiful place. But eventually we were scared and we ran away. Leaving home was humiliating for us. We left in boats and some

children fell in the water and drowned. The journey took us five days. We had no food.

We received a warm welcome in the camp and we are comfortable. But no one can say we are happy because we're not living amongst the trees we planted and the bees we raised.

I was depressed and sad because I missed my relatives, especially my cousins. Three of my cousins were killed, one of them was a judge. He lived in Erbil and later he decided to come back home with his family. An armed group caught him and they killed all three of them. That's why I am sad.

I asked people about MSF and they told me where I could find them. After an initial appointment, I began visiting several times a week and I explained the problems I was suffering from to the psychologist. I said I was depressed here and found it difficult to breathe. They recommended that I visit my neighbours and spend more time out of the house. I recovered from my breathing problems. I also suffered from bad dreams and the psychologist gave me activities to help with that too. ■

“No one can say we are happy because we're not living amongst the trees we planted and the bees we raised.”

*At the patient's request, her name has been changed.

MSF IN 2017

A YEAR IN PICTURES

In 2017 our teams worked in a multitude of contexts in 71 countries around the globe. From providing healthcare to refugees crossing borders, to paediatric healthcare, mental health, emergency care in conflict zones, advanced surgery, physiotherapy, maternal health, malnutrition, vaccination campaigns and emergency relief in disaster zones – our teams were there.



📍 Cinthya (name has been changed) is an 18-year-old patient who came to the Choloma clinic for medical and mental healthcare after suffering domestic violence. She is two months pregnant. Since taking over management of the clinic, MSF has trained the health staff working there, provided medical supplies and equipment, standardised hygiene protocols and made structural improvements to the building. MSF has also set up a triage system and an emergency referral system, for patients who need more specialised medical attention.

IN PICTURES

Images: Hannah Reyes Morales, Maxime Fossat, Kevin McElvaney, Sylvain Cherkaoui/COSMOS

• Young girls Elyes and Diana fix each other's hair before posing for a portrait in their tenement home near Smokey Mountain, Manila. Both girls are recipients of free vaccinations from Likhaan clinic, which provides free healthcare for low income communities.



• Gulzat, 17, is visited by an MSF team at her home. Gulzat suffered meningitis tuberculosis two years ago, but her treatment failed after various medications had no effect. The meningitis left her paralysed and she is now entirely dependent on her relatives. MSF is providing care to her as part of its palliative care programme, in Kara-Suu District, Kyrgyzstan.



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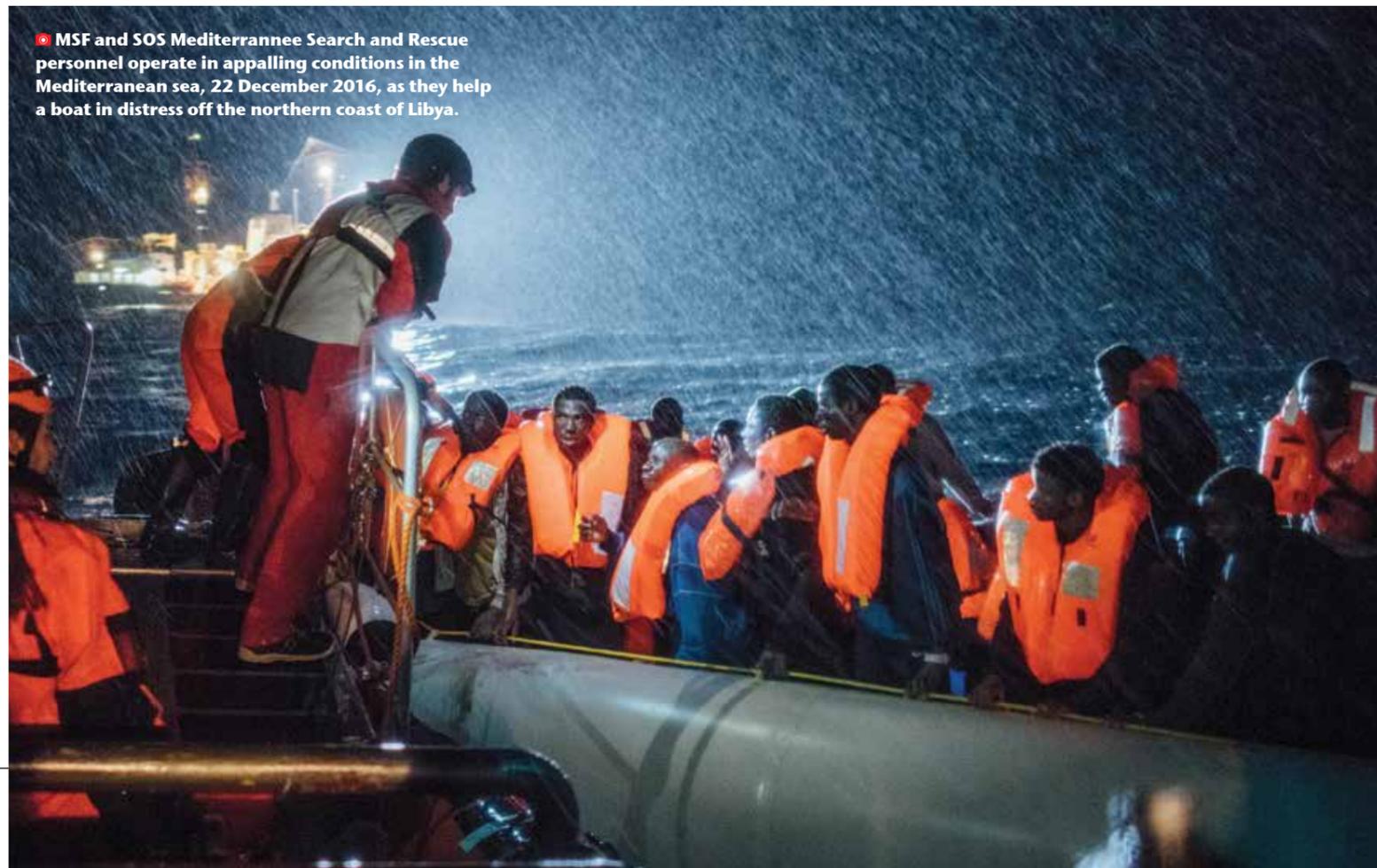


MSF's Pictures of the Year collection looks back on a year of providing medical care in extreme conditions and contexts across the globe. Through the

lens of its photojournalists, MSF remembers and pays tribute to those who have struggled, those who have persevered and those who have perished.

From war and civil strife, to disease and epidemics, to natural disasters, MSF staff have been on the frontline of saving lives during 2017. Our dedicated photographers have been there every step of the way to bear witness to the stories of the past year, capturing the work of our teams and the ongoing battle to save those in peril in our world. ■

• MSF and SOS Mediterranee Search and Rescue personnel operate in appalling conditions in the Mediterranean sea, 22 December 2016, as they help a boat in distress off the northern coast of Libya.



• Toudjani Boulama, 18 years old, was shot in the face by Boko Haram. He was treated by MSF and referred to a hospital in Mada, Cameroon. Some 45,000 people currently live in the camp for internally displaced people in Ngala. The camp is near the border with Cameroon and people have fled there due to violence from Boko Haram and military operations in the area.

INFOGRAPHIC

MSF RECONSTRUCTIVE SURGERY HOSPITAL AMMAN

Since 2006 MSF's reconstructive surgery programme in Amman, Jordan, has been providing complex surgery for people from across the region, injured in war. It provides sophisticated, and often long-term surgical treatment, as well as rehabilitative care comprised of physiotherapy and psychological care.

منذ عام 2006، يقدم برنامج الجراحة التكوينية في عمان الذي تديره أطباء بلا حدود الجراحات المعقدة للناس من أنحاء المنطقة الذين أصيبوا بسبب الحرب. نقدم العلاج الجراحي المتطور، وغالبا ما يكون طويل الأمد، إضافة إلى الرعاية التأهيلية المكونة من العلاج الفيزيائي والرعاية النفسية.

رسم بياني

مستشفى الجراحة التكوينية التابع لمنظمة أطباء بلا حدود في عمان

KEY FIGURES 2006 - 2016

Number of surgeries performed from 2006-2016

10,332



عدد العمليات الجراحية التي تم إجراؤها منذ 2006 وحتى 2016

10,332



Types of surgeries performed at the RSP



1,415

MAXILLOFACIAL

injuries to the neck, face and jaw – often caused by shelling and bomb explosions



4,291

PLASTIC

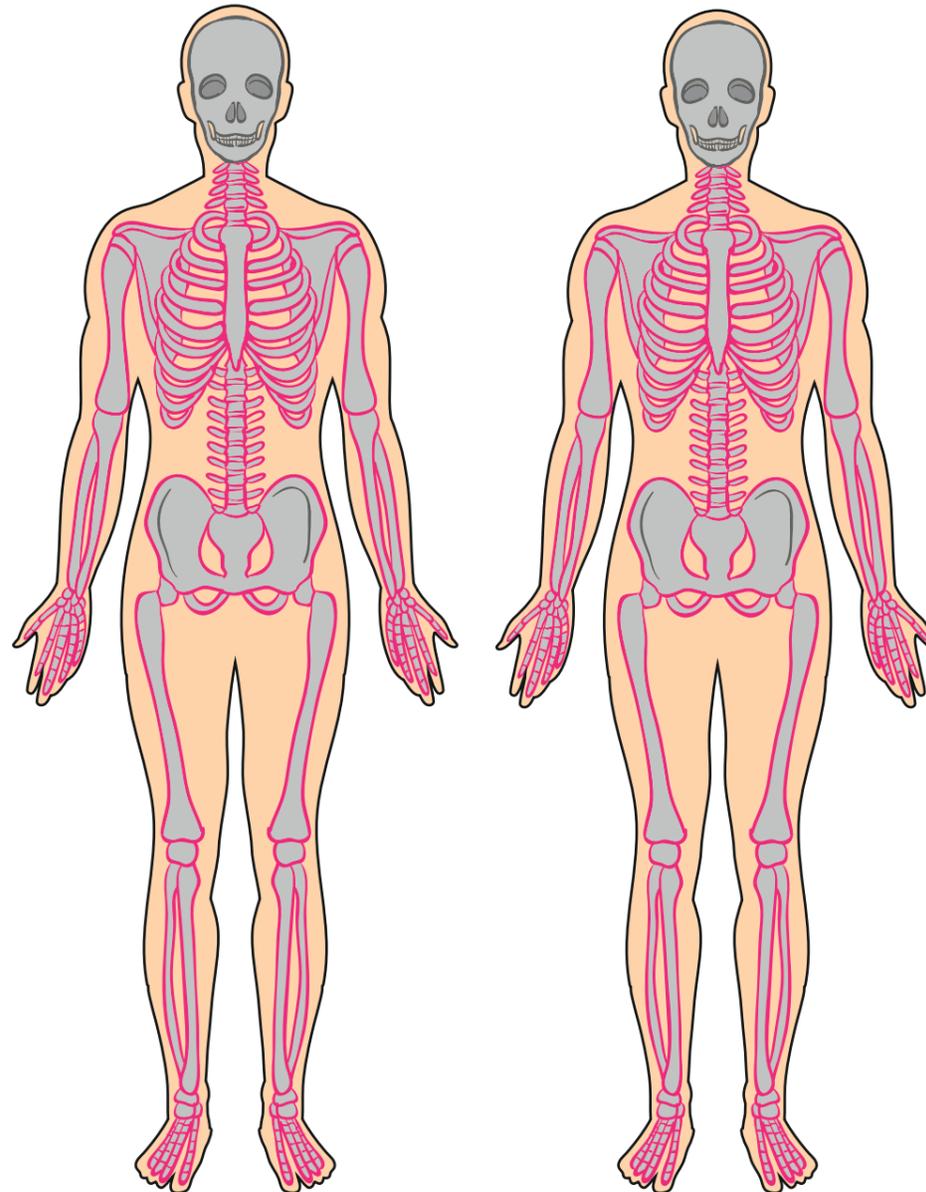
mostly serious burns, often caused by bombings and explosions, or other violent incidents



3,677

ORTHOAEDIC

injuries including non-union, mal-union, bone-loss defects, and soft-tissue defects that reduce patients' ability to use their limbs



أرقام مفتاحية 2006-2016

أنواع العمليات التي تم إجراؤها في برنامج الجراحة التكوينية



1,415

الوجه والفكين

إصابات في الرقبة أو الوجه أو الفكين يكون عادة سببها القنابل المتفجرة أو القصف



4,291

جراحة وترميم الحروق

في الغالب تكون حروق بالغة سببها القنابل أو الانفجارات أو أحداث عنف أخرى



3,677

عظمية

إصابات ملتئمة وغير ملتئمة وفقدان للعظم وخلل في الأوتار الرخوة مما يحد من إمكانية استعمال الأطراف

Number of patients



4,689

Patients by nationality



59% IRAQIS 26% SYRIANS 13% YEMENIS 1% PALESTINIANS 1% OTHER

عدد المرضى المدخلين



4,689

المرضى حسب الجنسية



1% فلسطينيون جنسيات أخرى 1% 13% يمنيون 26% سوريون 59% عراقيون