

# WITHOUT BORDERS

Issue 40 January – March 2019

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



## YEMEN

### THE DEVASTATING TOLL OF WAR



#### **Mediterranean**

Forced end to the Aquarius

#### **Gaza**

Permanently shattered lives

#### **Pakistan**

Treating a neglected skin disease

#### **Bangladesh**

Field visit to an MSF hospital

# OUR WISHES FOR 2019

Illustrations by Vivian Peng

**WISH #1**



Game-changer TB drug  
for US\$1 a day

**WISH #2**



HIV treatment for children...  
They're still waiting

**WISH #3**



Ebola vaccine and  
treatment to save lives

**WISH #4**



The right antibiotics  
to fight superbugs

**WISH #5**



Affordable quality antivenom  
against ALL African snakebites

**WISH GRANTED!**



Granted! A wish comes true  
for sleeping sickness



...Because Medicines Shouldn't Be a Luxury

# REQUIRED: PHYSICAL MEDICINE AND REHABILITATION SPECIALISTS



MSF is recruiting committed and experienced Physical Medicine and Rehabilitation Specialists to work in its Baghdad Medical Rehabilitation Centre. If you're experienced, motivated, and believe everyone deserves access to medical care, please visit us at [msf-me.org/work-field](http://msf-me.org/work-field)

## CONTENTS



**3 | International news** MSF Situation updates



**5 | Search and rescue** A forced end to the Aquarius



**7 | In focus** A slow-motion healthcare emergency



**9 | Medical update** A week in Yemen



**11 | Field visit** Resilience of the Rohingya



**13 | Fight against disease** Cutaneous leishmaniasis in Pakistan



**17 | Pull-out** Great March of Return - MSF Response

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## WELCOME



Today, we continue to remind the world of forgotten diseases, lives lost and the consequences of lifelong injuries.

In Yemen, we have treated almost 92,000 patients since 2015, while in Gaza, we have provided specialist care to more than 3,000 patients with gunshot wounds as a result of the Great March of Return protests.

Whether through missing limbs or emotional scars, these patients will have to live with lifelong consequences that are often overlooked.

In 2018, we ramped up our response to a little known tropical disease named cutaneous leishmaniasis. While prevalent across the region, the disease is now endemic in Pakistan. Thanks to our strong presence across the country, our four treatment centres have treated around 5,000 people of their physical disfigurements.

And as we respond to those exposed to disease and conflict across the world, we shed light on those who will needlessly lose their lives.

Last month, MSF was forced to terminate migrant rescue operations in the Mediterranean carried out by the Aquarius vessel. This followed a campaign of sustained attacks by EU authorities. Ultimately, this forced interruption of aid means that more people will die, condemning them to drown along the world's most dangerous migration route.

Attempts to save lives should never be sabotaged and beyond direct medical aid, we will continue to advocate to make sure the voices of our patients are not forgotten.

Thank you for your support,

**Mario Stephan**  
Executive Director  
Médecins Sans Frontières UAE

**Front cover photograph:** Saada governorate in Yemen, Haydan, March 2018: A Yemeni child poses in front of the entrance of her damaged home. © Agnes Varraine-Leca/MSF

**MSF UAE is a member of International Humanitarian City, Dubai, UAE.**

Images: John Wessels/ MSF, Dominic Bracco/MSF, David Gilkey/NPR, Peter Bauza/MSF, Javeed Shah/ MSF, Mohamad Cheblak/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 health care. 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.



## MEXICO

### SEEKING ASYLUM IS A RIGHT

In Mexico, MSF provides humanitarian assistance to people escaping horrific levels of violence in El Salvador, Honduras, and Guatemala. Many have survived the murder of family members, kidnapping, recruitment by armed groups, extortion, and sexual violence. Many of them fear death and violence if they are forced to return home. We believe that people fleeing violence in Central America have a right to seek asylum regardless of how and where they enter the US. They must receive a fair hearing and due process, and must be treated humanely.

## SOUTH SUDAN

### 125 WOMEN AND GIRLS TREATED FOR SEXUAL VIOLENCE IN ONE WEEK

MSF has treated 104 sexual and gender-based violence survivors in the first 10 months of 2018, and we have assisted 125 who were raped, beaten and brutalised in Rubkona county, northern South Sudan, in one week alone. These incidences of sexual and gender-based violence coincide with an increase in population movements as people try to reach food distributions in the area. Women say they are walking in larger groups for safety but, in turn, they are being confronted by increasingly larger groups of aggressive assailants. Children, women and men of Rubkona urgently need safety and protection to be able to reach humanitarian assistance.



## EUROPE

### 'STRANGLER' ACCESS TO HEPATITIS C DRUG

In some European countries, US pharmaceutical corporation Gilead is charging as much as €43,000 for a 12-week treatment course of key hepatitis C drug, sofosbuvir. Versions of the same course can be purchased for less than €75 outside Europe. MSF, along with five other organizations, have now appealed a European decision to uphold Gilead's patent on the drug. They have spoken out against Gilead's "monopoly on sofosbuvir in Europe," which has allowed the corporation to charge excessive prices for the drug.



## DEMOCRATIC REPUBLIC OF CONGO

### EBOLA FAR FROM OVER

The Democratic Republic of Congo (DRC) declared its tenth outbreak of Ebola in 40 years on 1 August 2018. The outbreak is centred in northeastern North Kivu province. With the number of cases surpassing 300, it has become the country's largest-ever Ebola outbreak. MSF is part of the national strategic group coordinating the intervention on several pillars of the response including: caring for patients affected by the virus in Ebola Treatment Centres (Mangina, Butembo, Tchomia), and people who are suspect cases (Beni, Bunia), vaccination of frontline workers, infection prevention and control, and decontamination of the facilities where confirmed Ebola patients have transited. In total, more than 100 MSF staff members are currently working in Ebola projects in North Kivu and Ituri. The epidemic is very close to the Ugandan border, increasing the risk of a spillover into that country.

## MSF

### INTERNATIONAL HUMANITARIAN LAW

In November, Françoise Bouchet-Saulnier, MSF's International Legal Director, was awarded the 2018 Henry Dunant – Field Prize for her significant contributions to international humanitarian law (IHL) and action. On the occasion, Saulnier said the prize was a "key moment of recognition of MSF's contribution to IHL and notably MSF's pragmatic relief-centered development of IHL to negotiate humanitarian access and space in the field." In October 2018, MSF's UAE regional office in Dubai hosted Saulnier in a session that discussed MSF's implementation of IHL and the criminalization of humanitarian assistance. It was attended by NGO representatives, MSF supporters and donors as well as the public.



## INDIA

### PAEDIATRIC HIV TREATMENT

MSF has called on the Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria to make urgent changes to their policies and practices for countries transitioning away from, or gradually losing, donor support. In India, MSF has found that HIV drugs for children in particular have become out-of-stock due to a lack of quality-assured suppliers. The small market for paediatric HIV medicines means they have never been a priority for either multi-national pharmaceutical corporations or generic manufacturers. Without treatment, half of all infants with HIV will die before their second birthday. ■

Image: Guglielmo Mangiapane/ SOS MEDITERRANEE



On 10 August 2018, 25 people were rescued by the Aquarius in the Central Mediterranean near the Libyan coast. They were believed to have been at sea for nearly 35 hours.

**“The end of Aquarius means more deaths at sea, and more needless deaths that will go unwitnessed.”**

Amidst these smear campaigns and manoeuvres to undermine international law, people rescued at sea have been denied access to safe ports, refused assistance from other ships and left stranded at sea for weeks at a time.

The allegations presented significant operational hurdles if MSF were to resume search and rescue work with the Aquarius. If it were to enter Italian territorial waters or ports, it would be at risk of being seized.

The forced end to the Aquarius’ operations happens at a critical time. An estimated 2,133 people have died in the Mediterranean in 2018, with departures from Libya accounting for the overwhelming majority of deaths.

European member states have fueled the suffering by enabling the Libyan coastguard to intercept more than 14,000 people at sea this year and forcibly return them to Libya.

This is in clear violation of international law. In 2015, Europe made a commitment to

the UN Security Council that nobody rescued at sea would be forced to return to Libya.

“Today, Europe is directly supporting forced returns while claiming successes on migration,” said Karline Kleijer, MSF’s head of emergencies. “Let’s be clear about what that success means: a lack of lifesaving assistance at sea; children, women and men pushed back to arbitrary detention with virtually no hope of escape; and the creation of a climate that discourages all ships at sea from carrying out their obligations to rescue those in distress.”

The Aquarius’ last active period of search and rescue ended on 4 October 2018, when it arrived in the port of Marseille following the rescue of 58 people.

Together with MSF’s previous search and rescue vessels – the Bourbon Argos, Dignity, Prudence and Phoenix – MSF has rescued or assisted more than 80,000 people in the Mediterranean Sea since 2015. ■

**SEARCH AND RESCUE: AQUARIUS**

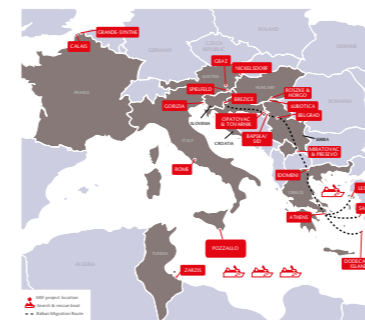
**“THIS IS A DARK DAY”**

As refugees, migrants and asylum seekers continue to die in the Mediterranean, MSF was forced to terminate rescue operations carried out by the vessel Aquarius. Here’s the story behind the decision.

December 6 has become known as one of the darkest days in the history of MSF’s international projects, bringing to an end rescue operations carried out by the vessel Aquarius in the Mediterranean sea. Along with our partner SOS MEDITERRANEE, MSF was forced to terminate Aquarius operations as a result of a sustained campaign, spearheaded by the Italian government and backed by other European states. MSF said these campaigns delegitimise, slander and obstruct aid organisations providing assistance to vulnerable people. Two months prior to the official end

of rescue operations, the Aquarius had remained in port, unable to carry out its humanitarian work. All the while, people continued to flee by sea along the world’s deadliest migration route. In a statement to the press, MSF said that both the campaign against the organization and the EU’s ill-conceived external policies on migration, have undermined international law and humanitarian principles. “This is a dark day,” said MSF General Director Nelke Manders. “Not only has Europe failed to provide search and rescue capacity, it has also actively sabotaged others’ attempts to save lives. The end of Aquarius means more deaths at sea,

and more needless deaths that will go unwitnessed.” MSF also described attacks by EU states on humanitarian search and rescue operations over the past 18 months as comparable with tactics used by “some of the world’s most repressive states.” **‘EUROPE CONDEMNS PEOPLE TO DROWN’** Despite working in full compliance with authorities, the Aquarius was twice stripped of its registration earlier in 2018 and now faces allegations of criminal activity, which MSF describes as patently absurd.



**TIMELINE**

The Aquarius together with MSF’s previous search and rescue vessels – the Argos, Dignity I, Prudence and Phoenix – MSF has rescued or assisted more than 80,000 people in the Mediterranean Sea since 2015.

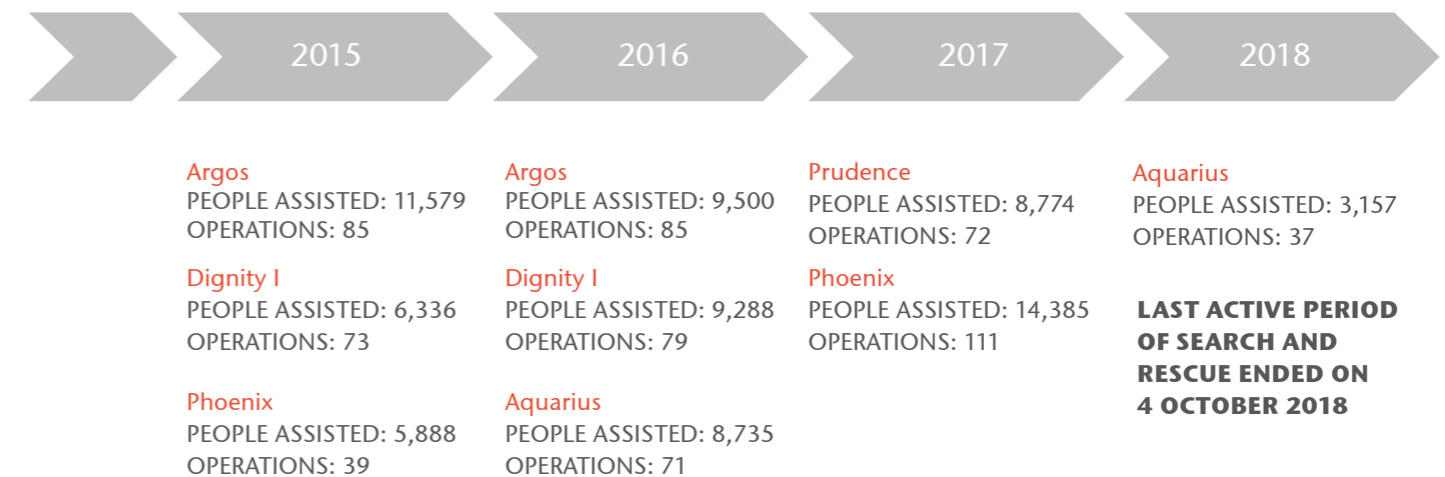


Image: Laurie Bonnaud/ MSF

**GAZA PROTESTERS**

**A SLOW  
-MOTION  
HEALTHCARE  
EMERGENCY**

Since March 30 2018, thousands of Palestinian protesters have been shot by the Israeli army during the 'Great March of Return'.



A slow-motion healthcare emergency is unfolding in Gaza as the cumulative needs of patients shot by the Israeli army and seriously injured

during the March of Return demonstrations. The vast majority of the 3,117 patients treated by MSF between 30 March and 31 October, 2018 – out of the total 5,866 the Ministry of Health says have been injured by live fire – shot in the leg. Around half suffered open fractures, with severe soft tissue damage to many of the rest. MSF calls on the Israeli and Palestinian authorities to facilitate the treatment of patients in Gaza and abroad, and urges other countries to offer funding and space in hospitals where advanced surgical capacity exists. MSF has over 260 staff working across four hospitals and five post-operative clinics in Gaza, providing dressing changes, physiotherapy and carrying out plastic and orthopaedic surgery. ■



● Legs of patients injured by gunshot during the March of Return, waiting in front of an MSF clinic, in Gaza. The average age of the patients is 25 years old and the injuries will leave them with long term consequences.

**“This many patients would overstretch the best healthcare systems in the world.”**

**–Marie-Elisabeth Ingres, MSF’s head of mission in Palestine.**

Image: Malak Shaher/MSF, Matteo Bastianelli/ MSF

A WEEK IN YEMEN

# THE DIRECT IMPACT OF WAR

As the Yemen conflict enters its fourth year, MSF has seen a resurgence in deadly disease outbreaks, urgent needs for war-wounded patients and a monumental gap in maternal and pediatric healthcare.



MSF Trauma Center, Mother and Child Hospital - Taiz.



Towards the end of 2018, MSF documented a week in Yemen to highlight the devastating impact of war on the health of 27 million people in the country.

The escalation of the conflict since 2015 has led to the de-facto collapse of the public healthcare system and left Yemenis unable to afford basic humanitarian needs. MSF has identified three main health gaps in dire need of support.

**WAR WOUNDED**

From March 2015 to October 2018, a total of 91,574 people with war-related injuries were treated in MSF facilities.

Many of the war-wounded came to MSF's Ad Dhale healthcare facility in southern Yemen, which MSF recently took the difficult decision to close due to security reasons.

Dr. Nikos Vasiliadis, who was a General Surgeon at the Ad Dhale project, said that most of the war-wounded emergency room patients he had received were trauma cases.

"War-wounded also include people who are not soldiers or combatants; those who are by chance on the frontline when the shooting starts, so they catch the bullets," said Dr. Vasiliadis.

Another pressing issue for those wounded at war is after-care. Often, many patients are unable to afford the travel costs required to return to MSF facilities for follow-up wound assessment and treatment.

One Yemeni mother explained how she could not revisit a MSF facility to re-dress the wounds of her daughter, Arzaq Abdulbaqi, who received emergency surgery after her leg was injured by shrapnel from a rocket attack.

"I cannot come here because it is really far. We don't have anything, we're very poor," she said.

Amidst intensified fighting during November 1-6 2018, MSF teams in Hodeidah treated 24 war-wounded civilians at Al Salakhana hospital, including five women and nine children. Of these patients, 17 had blast injuries and one had a gunshot wound.

In the same period, another 50 war-wounded were treated at MSF's surgical field hospital in Mocha, 180 kilometres south of Hodeidah, mostly injured by blasts and gunshots. They included three women and eight children.

**DISEASE OUTBREAK**

While the Cholera outbreak that peaked in 2017 appears to have been contained, it still remains a threat. Conditions are ripe for new waves of the disease and towards the end of 2018, the number of cases accelerated once again. To date, MSF has treated some 110,000 Cholera patients.

But throughout last year, diphtheria also posed new threats. The contagious and potentially fatal bacterial infection is mainly characterized by a thick grey membrane at the back of the throat or nose, sore throat and fever. It can be prevented through vaccination.

Mohammed Ahmad Abdullah, an MSF staff member at the Diphtheria Center in Al Nasr Hospital in Ad Dhale, explained how the outbreak has been tackled.

"We came with MSF to work at the diphtheria department since it was open. It was crowded with diphtheria-suspected cases among internally displaced women. Therefore an isolation centre was created for patients, because there wasn't enough space in the hospital.

"We mounted a tent to receive patients as we were afraid of contagion. Following treatment of moderate and severe cases, there have been no fatalities in three months and most have fully recovered."

The last outbreak of diphtheria in Yemen was recorded in 1982, according to Marc Poncin, MSF's emergency coordinator in Ibb.

He described its resurgence as "undeniably another human-made disease inflicted on a country that has barely recovered from a massive cholera outbreak, which is not even over yet."

**MATERNAL & PEDIATRIC CARE**

A crippled health system, combined with increasingly harsh living conditions and lack of access to healthcare, has led to severe consequences for vulnerable groups with low immunity – such as pregnant women, newborn babies and young children.

In MSF's Mother and Child Hospital in Taiz, operational since November 2015, many pregnant women arrive at the hospital at the very last minute, often with serious complications.

"In October 2018, we had 10 babies who

were dead on delivery, and four of them were clearly as a result of the mother traveling for several days to get here," said Rachel Fletcher, project coordinator at the hospital.

Since March 2015 until October 2018, 64,032 babies have been delivered and 34,189 children have been admitted to paediatric wards at MSF facilities across the country.

"Frequently we're having babies born prematurely with low birth weights," said Caroline Bwango, emergency medicine doctor at the hospital.

"When you have a baby with a low birth weight, you then have to put more resources into saving his life. Our challenge is to deliver the baby safely and keep the mother alive in order to look after her child." ■



**MSF RESPONSE TO YEMEN WAR**

With more than 2,200 staff, MSF continues to support 32 health facilities across the country. Since March 2015 to October 2018:

**91,574** people with injuries related to war and violence treated

**973,095** emergency room patients received

**76,436** surgeries

**34,189** children admitted to pediatric wards

**64,032** babies delivered

**114,646** suspected cholera cases

**14,130** cases of malaria treated

**14,370** cases of malnutrition treated

**4,760** tons of equipment and supplies sent

**"I cannot come here because it is really far. We don't have anything, we're very poor."**

Images: Robin Hammond/ MSF, Julie Remy/ MSF, Bérengère Guais/MSF



FIELD VISIT: COX'S BAZAR, BANGLADESH

# RESILIENCE OF THE ROHINGYA



In November 2018, Mario Stephan, Executive Director of MSF UAE, went to Bangladesh to visit MSF's Hospital on the Hill. This is the interview he gave upon his return.

## CAN YOU PROVIDE SOME CONTEXT TO THE HOSPITAL AND THE VISIT?

Our visit came just after a year since 700,000 Rohingya were forced to flee from Myanmar into Bangladesh. There were already around 200,000 people in Cox's Bazar, so the population of the Kutupalong-Balukhali mega-camp we visited is around 900,000 people.

We visited our hospital, based in the camp, with representatives from The Big Heart Foundation (TBHF) who generously supported its construction. The money came from public contributions given to Sharjah TV following a campaign around healthcare projects. This was then given to TBHF, who chose us as a recipient of the gift.

The hospital was operational before our visit, as there was a rush to build it before the rainy season begun in June. Its name is the Paharer Uddi hospital, meaning 'Hospital on the Hill' due to the topography of the area.

## WHAT WAS ONE OF THE FIRST THINGS YOU NOTICED ABOUT THE CAMP?

The resilience of the refugees was clear. These are people who have been through a lot, have been suffering for many years in Myanmar and ended up coming here. So, what was striking was how much those people were unfortunately accustomed to dealing with a traumatic situation.

I was also shocked by the size of the camp. To see a camp of 900,000 people is to basically see a city that has sprung. I was impressed by how it was organized. From my experience, having visited other camps, I was expecting to see something more chaotic. One of my colleagues aptly described the scenes at the camp as "structured misery".

We were also shown one of the elephant watchtowers, which told an interesting story of the refugee crisis' environmental impact. The entire area of the camp used to be a forest, and so endangered elephants would routinely migrate to it. When it became a huge refugee camp, the elephants would still come, and so a watchtower was built so as to protect the Rohingya from elephant attacks that had led to the death of members of the community in the past.

## AMONG THE VARIOUS MEDICAL SERVICES, HOW IS MSF FOCUSING ON MENTAL HEALTH?

Mental health is an integral part of the care we are offering our patients. It's through the outreach work we do with the communities and the others NGOs working in the camp and the trust we are able to develop through Rohingya volunteers that we are able to carry out mental health activities. Had there not been a minimum level of trust from the refugees we are interacting with, I don't think those activities would be happening the way they are.

## WHAT ARE THE MAIN FEARS EXPRESSED BY THE REFUGEES?

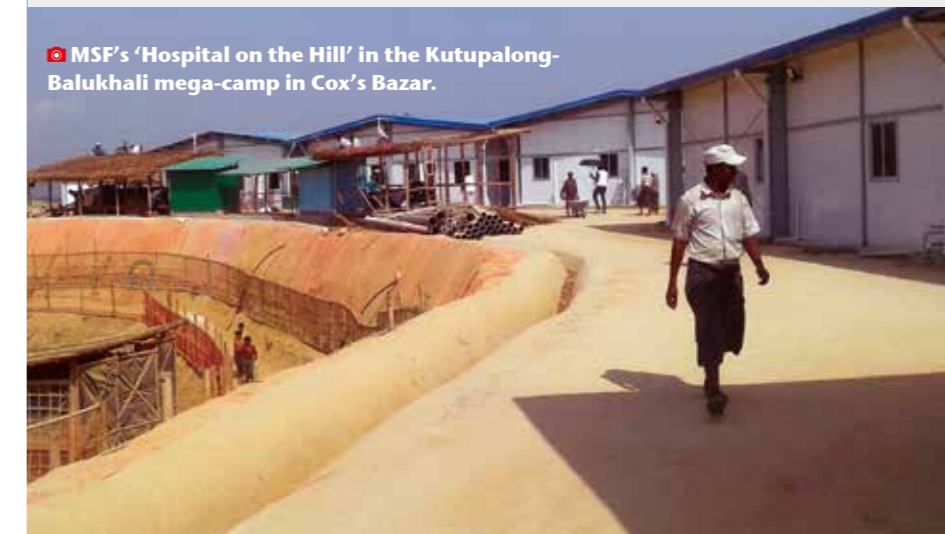
I think it's important to keep in mind that on top of the trauma they have been through, people are greatly concerned about what's to come; talks of repatriation – whether official or informal. And this is having considerable strain on them. The mental health services aim to address existing trauma, but also the current pressure they are going through and their fear of repatriation.

This exacerbates their anxiety and symptoms. Some people are going into hiding because of these concerns, which means the potential interruption of care. ■

**“To see a camp of 900,000 people is to basically see a city that has sprung.”**

### MSF FOCUS ON MENTAL HEALTH OF THE ROHINGYA

- Only a small proportion of the population currently has access to specialised mental health services, such as those provided at MSF facilities.
- They experience flashbacks, generalised anxiety, panic attacks, recurring nightmares and insomnia, as well as illnesses such as post-traumatic stress disorder and major depression.
- MSF is also seeing chronic mental health difficulties and psychiatric needs within both the host and refugee communities.



MSF's 'Hospital on the Hill' in the Kutupalong-Balukhali mega-camp in Cox's Bazar.



Images: Laurie Bonnaud/MSF, Khaula Jamil/MSF

NEGLECTED DISEASE: **PAKISTAN**

**“I WAS BITTEN, AND I COULDN'T PROTECT MY CHILDREN”**

Transmitted by the bite of a sandfly, cutaneous leishmaniasis is characterised by disfiguring and painful skin lesions. Here is how MSF is fighting against the neglected tropical disease that is now endemic in Pakistan.



In the waiting room of the treatment center of Peshawar sits Taj Bibi, whose entire family contracted cutaneous leishmaniasis after being bitten by sandflies, leaving them with painful skin lesions.

“My husband, my four sons and my older daughter were stung while working at a brick factory,” says Taj Bibi. “I was bitten by the sandfly at home, just like my youngest daughter, Zena. The environment we live in is dirty and there is no sanitation. Many of our neighbours and their children have been infected too.”

In May, MSF opened its fourth treatment center for cutaneous leishmaniasis (CL) in Pakistan.

Already, the center has admitted more than 800 patients and is operating at full capacity, as are MSF's three other treatment centres: two in Quetta and one in Kuchlak.

MSF is currently the biggest provider of treatment for the disease in Balochistan province, in the south of Pakistan, while in Khyber Pakhtunkhwa province, in the north, MSF's Peshawar clinic is the only major centre providing free diagnosis and treatment for cutaneous leishmaniasis in the whole region.

The disease mainly affects people from rural areas, in places where living conditions are poor and clean water and sanitation almost non-existent. As a result, it is not generally seen as a public health priority.

Major challenges to controlling the disease in Pakistan are that there is a general lack of awareness about the disease, too few healthcare workers trained to deal with it, and no data collected at national level on its prevalence.

Added to this, the drugs to treat it are not

widely available. The risk of shortage of the drug, that has to be imported, is a constant threat not only to the proper functioning of the treatment centers, such as MSF's, but also to the health of people living with the disease.

**TURNING TO BLACK MARKET**

When Taj Bibi was first diagnosed by a local doctor, she was told that no treatment existed in Pakistan. Taj Bibi and her family – like so many of the patients who eventually arrive at MSF's treatment centres – initially turned to the black market as no drugs were available in the public health facilities in the areas where MSF intervenes. The drugs found on the black market are generally of poor quality or out of date, making them ineffective. This only adds to the suffering of people like Taj Bibi and her family, and increases their feelings of neglect.

A serious consequence of this little-known disease is the psychological suffering that it creates. Its victims often feel excluded from their community because of the unsightly lesions it causes, and are left feeling rejected and ashamed.

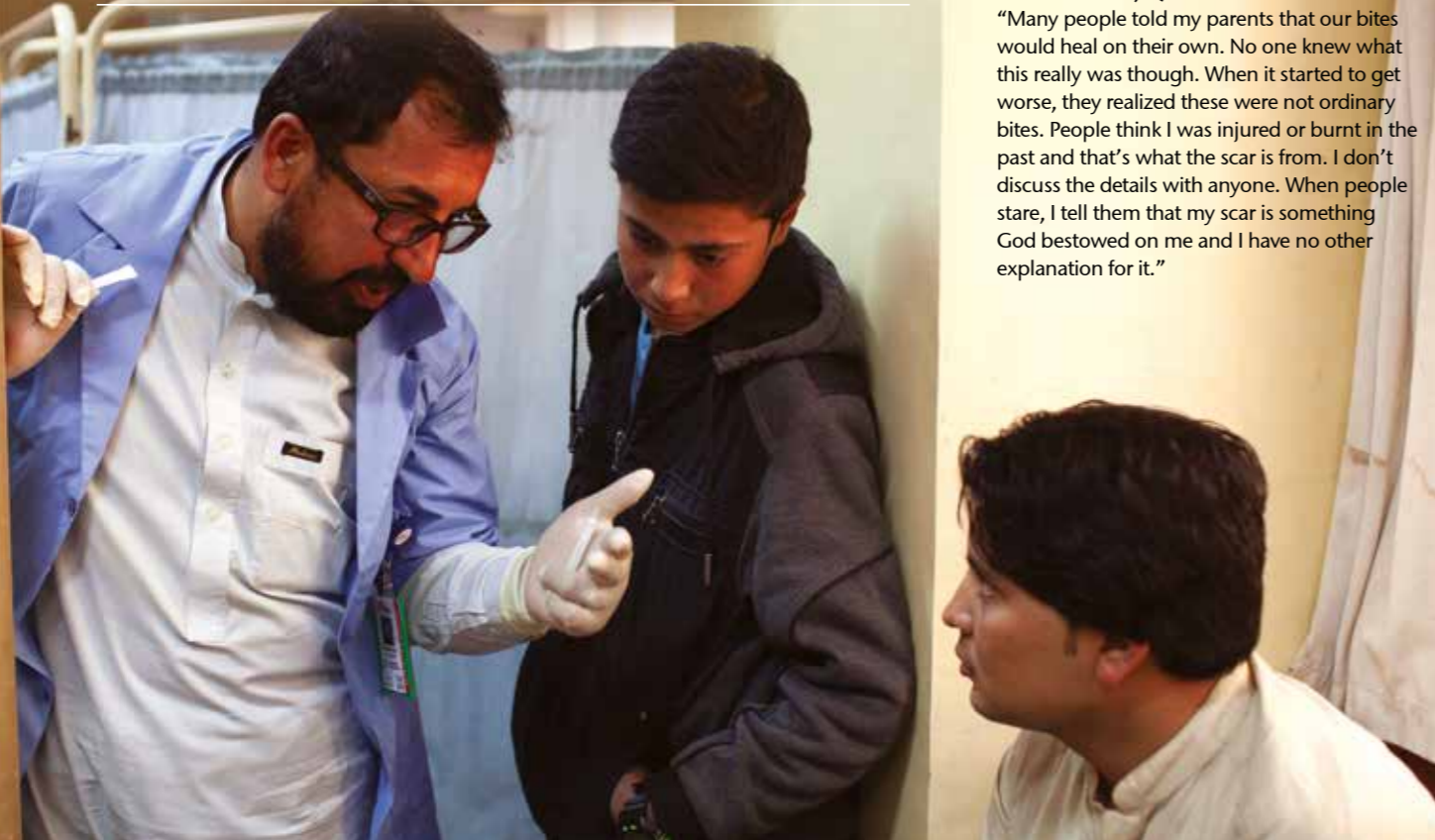
The only drug currently available to treat cutaneous leishmaniasis is meglumine antimoniate, which must be injected either into the muscles or directly into the lesions for twenty to thirty-five days, depending on the severity of the infection.

The influx of patients to the MSF treatment centers demonstrates that CL services are needed across the affected areas. The need for care is massive, as this disease affects hundreds of thousands of people and most of them cannot afford a treatment. ■

**“I was bitten by the sandfly at home, just like my youngest daughter.”**

Images: Laurie Bonnaud/MSF, Khaula Jamil/MSF

NEGLECTED DISEASE: PAKISTAN



◻ NEMATULLAH AND HAMDULLAH, QUETTA

“Many people told my parents that our bites would heal on their own. No one knew what this really was though. When it started to get worse, they realized these were not ordinary bites. People think I was injured or burnt in the past and that’s what the scar is from. I don’t discuss the details with anyone. When people stare, I tell them that my scar is something God bestowed on me and I have no other explanation for it.”

MSF RESPONSE

- MSF’s medical response in Pakistan is providing patients with specialist treatment and ensuring a steady supply of safe and effective medication.
- MSF also offers mental health support and carries out health promotion activities around how to prevent and treat the disease.
- MSF has cutaneous leishmaniasis programmes in Quetta and Kuchlak in Balochistan province, and Peshawar in Khyber Pakhtunkhwa province.
- In 2017, MSF treated close to 4,000 patients for the disease; in 2018, this figure is expected to exceed 5,000.

◻ ALI SINA, QUETTA

“I discovered this bite six months ago. Maybe one or two children in my class tease me about my scar but the majority of people in my community know that this is a bite that will go away within a year.”



◻ NABEELA, PESHAWAR

“The other schoolchildren were making fun of her because of her lesions and she became isolated, so we decided to take her out. She will go back to school for an exam she has and then when her treatment is completed,” Nabeela’s father explained. “We went to see different doctors; we tried so many things over many months without results: creams, unguents, injections... And one day a doctor from Peshawar came to our village and recommended that we bring her to MSF treatment centre.”



◻ ABDUL WAHAB, KUCHLAK

“I thought I had developed cancer and that this was going to be the end of my life. People told me not to wash my face or touch anything. I was so disturbed I did not know who to believe or listen to. They told me the treatment would cost me Rs.30,000 and I thought to myself, ‘I can’t even pay Rs.30 at this point. I am a poor man.’ Someone recommended I go to Kuchlak to the MSF facility for CL and receive free treatment. By the third visit, I could see the improvement on my nose. It was such a huge relief.”

GAZA'S WALKING WOUNDED

# THE CRACKDOWN ON PROTESTERS

Since April 1 2018, MSF has staff working across four hospitals and manages five post-operative clinics in Gaza, treating thousands of injured patients shot by the Israeli army during the 'Great March of Return.'

إصابات الأرجل في غزة

# قَمْع المتظاهرين

منذ الأول من أبريل/نيسان 2018، تعمل طواقم أطباء بلا حدود في أربعة مستشفيات كما تدير المنظمة خمس عيادات لرعاية ما بعد الجراحة في غزة، حيث تعالج آلاف الجرحى الذين أصيبوا بنيران الجيش الإسرائيلي أثناء 'مسيرة العودة الكبرى'.

MSF HAS BEEN IN GAZA SINCE 2000

تعمل أطباء بلا حدود في غزة منذ عام 2000

4 MSF CLINICS IN GAZA

4 عيادات لأطباء بلا حدود في غزة

Khan Younis  
خان يونس

Nuseirat  
النصيرات

GAZA  
غزة

Beit Lahaia  
بيت لاهيا

TREATMENT OF PEOPLE INJURED BY GUNSHOT IN MSF FACILITIES

علاج جرحى العيارات النارية في مرافق أطباء بلا حدود

3,117

Number of patients treated with gunshot wounds

عدد الذين عولجوا من إصابات العيارات النارية



50%

of which بينهم

suffered open fractures, with severe soft tissue damage to many of the rest.

أصيبوا بكسور مفتوحة، وكثير من الباقين أصيبوا بضرر بالغ في الأنسجة الرخوة.



12,778

Palestinians have been injured and hospitalized

فلسطيني أصيبوا وأدخلوا المستشفيات



5,866

have been wounded by live Israeli army gunfire

أصيبوا برصاص حي أطلقه الجيش الإسرائيلي

DEVESTATING INJURIES

إصابات فتاكة

1,400

patients are still receiving treatment

مصاب ما زالوا يتلقون العلاج



3,250

people will need continuing surgery, physiotherapy and rehabilitation

شخصاً سيحتاجون إلى رعاية مستمرة تشمل العمليات الجراحية والعلاج الفيزيائي والتأهيل