MEDECINS SANS FRONTIERES
أطبّاء بلا حدود

WITHOUT BORDERS

BILA HUDOOD Issue 23 | January - March 2014

Providing emergency care after Typhoon Haiyan

Lead story
Crisis in Central African Republic
page 2

Special report
Responding to Typhoon Haiyan
page 3

Around the world
Bulgaria, Gaza, Guinea, Jordan, USA
page 5

In the region
Mental health in Syria
page 7

In focus
Treating multidrug-resistant tuberculosis
page 9

On the web
Stories from Occupied Palestinian Territory
page 11

Photo essay
MSF a catalyst for change
page 13

Humanitarian Healthcare Around the World

Welcome to the first issue of *Without Borders* for 2014. As the new year begins, MSF is working in more than 70 countries around the world - from the Central African Republic where violence and insecurity have contributed to a chronic humanitarian emergency, to the Philippines where the devastating impact of Typhoon Haiyan has left many without access to emergency or regular healthcare. MSF's work in both these countries is described in this issue.

MSF's work stretches around the world, but action in our region is also extensive. MSF teams are providing healthcare for people affected by the conflict in Syria, with healthcare extending beyond physical care, to address the enormous mental health needs of the population both within Syria and for refugees in neighbouring countries. We have included a report from MSF psychologist Charlotte describing her recent work in Syria, and especially her time with a young patient - a baby. I am sure that you will find this to be an especially moving account of this important part of MSF's work.

In Gaza, we have extended our reconstructive plastic surgery programme and in Jordan we have opened a new mother and child hospital. You can read more about both of these programmes as well as a story from our recently-opened mental health project in Occupied Palestinian Territory.

Our next story is from MSF's Access Campaign which was established to push for access to, and the development of, lifesaving and life-prolonging medicines, diagnostic tests and vaccines for patients in MSF programmes and beyond. A current focus of the Access Campaign is tuberculosis, one of the most deadly infectious diseases in the world. The treatment for tuberculosis is gruelling, and we introduce you to MSF patient Phumeze Tisile who has just reached the end of her treatment for extensively drug-resistant tuberculosis. It has taken two years and 20,000 pills, but Phumeza has been cured. When you have finished reading about Phumeze Tisile, I invite you to follow the website link to our Test Me, Treat Me site and join with us in signing the public manifesto asking for better treatment regimens, better access to treatment, and sufficient funding to meet these goals.

As well as our campaigns, MSF teams constantly seek new ways to deliver healthcare to the world's most vulnerable people. Our photo essay will introduce you to our innovative programme in Swaziland seeking to prevent the transmission of HIV from pregnant mothers to their children.

In all these countries and more, MSF is delivering humanitarian healthcare to the world's most vulnerable people. I thank you for your continued interest in our work.

Ghada Hatim
Executive Director

Médecins Sans Frontières (MSF, or Doctors Without Borders) is an independent medical humanitarian organisation that delivers emergency aid in more than 70 countries to people affected by armed conflict, epidemics, natural or man-made disasters or exclusion from healthcare.

MSF in numbers (2012)

Our impact on the ground

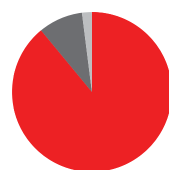
Activities in over 70 countries
8.3 million outpatient consultations
472,900 admitted patients
78,500 surgical procedures

Our human resources

Over 31,000 field staff
93% are national employees hired locally
7% are international staff

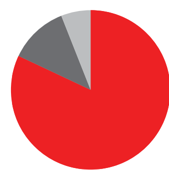
Our financial efficiency

943.9 million euros spent
81% spent directly on medical assistance
89% of funding comes from private donations



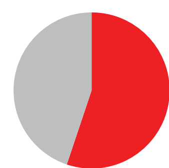
Income

- Private 89%
- Public institutional 9%
- Other 2%



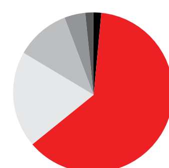
How the money is spent

- Operations 81%[1]
- Fundraising 13%
- Management, general and administration 6%



Context of intervention

- Unstable 55%
- Stable 45%



Project locations

- Africa 68%
- Asia 20%[2]
- Americas 8%
- Europe 2%
- Oceania 1%
- Unallocated 1%

[1] Programmes, HQ programme support cost, awareness raising and other humanitarian activities
[2] Asia includes the Middle East and the Caucasus

PUBLISHER

MSF regional office in the UAE

Abu Dhabi
P.O. Box 47226
T: +971 2 631 7645
E: office-abudhabi@msf.org

Dubai
P.O. Box 65650
T: +971 4 457 9255
E: office-dubai@msf.org

Editorial team
Ghada Hatim
Hala Mouneimné
Jessica Moussan-Zaki

Editorial coordinator
Tracy Crisp

Translation coordinator
Jessica Moussan-Zaki

Design and layout
Rami Touma

Front cover photograph:
Tacloban city, Philippines.
Photograph © Yann Libessart/MSF

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

Waiting at an MSF hospital in Bossangoa, Central African Republic. Photograph © Sylvain Cherkaoui/Cosmos

Central African Republic

Urgent assistance for a forgotten crisis

After years of political-military instability in the Central African Republic (CAR), the situation has worsened considerably since the coup in March 2013. The country is now in the midst of a chronic humanitarian and health emergency.

The displaced populations now number in the tens of thousands and are even more vulnerable, exposed in particular to malaria, but also to epidemics and malnutrition. The situation has become increasingly complex because of the reigning insecurity which affects civilians, but also healthcare workers and aid actors. Médecins Sans Frontières (MSF) has been active in the CAR since 1997 and continues to work, adapting its activities and opening new projects to address the growing, increasingly urgent needs.

Even in "times of peace," mortality rates in the CAR greatly exceed the emergency thresholds which define a humanitarian crisis. Life expectancy - which averages 48 years - is one of the lowest in the world. Amid the chaos, the country's health system has been virtually wiped out. The Ministry of Health has almost no presence outside the capital city, Bangui and very few healthcare facilities operate in the interior of the country. There are few providers, with just one doctor per 55,000 people - most of whom are in Bangui - and one nurse or midwife per 7,000 residents. Many women die during pregnancy or childbirth and 129 out of every 1,000 children die before the age of five, primarily from malaria, chronic malnutrition, diarrheal illnesses, measles or meningitis.

The situation has worsened since December 2012, when the offensive led by the Séléka, the former rebel coalition, began. Many health facilities were looted or destroyed and most healthcare workers left their positions to flee towards Bangui. Since that time and during the annual malaria spike, drugs, vaccines and supplies have been blocked in the capital. Healthcare facilities have been unable to resume their activities and health monitoring and routine vaccination systems have been halted. Today, the population of the CAR - 4.4 million people – lacks medical care and is increasingly vulnerable.

The security situation has worsened further, particularly in Bangui, and attacks on villages are reaching unprecedented levels of violence. Since spring 2013, raids, abuses, arbitrary arrests and detentions and summary executions, including of healthcare and aid workers, have risen. All international non-government organisations working in the CAR have had vehicles stolen, sometimes in armed robberies. Facilities, offices and living quarters have been looted and robbed and personnel have been threatened.

The number of displaced people is now estimated at 395,000. Hiding in the bush, without shelter, food or drinking water they are exposed to the weather and mosquitoes, which carry malaria, the leading cause of death in the CAR. The situation is no better in the resettlement sites. Crowding and poor living and health conditions promote the risk of epidemics. One million people are estimated to lack adequate food and 1.6 million are in immediate need of humanitarian aid. MSF is particularly concerned about the fate of populations living in certain "grey" areas, some of which are inaccessible to aid actors, located primarily in the eastern region of the country. The health and humanitarian situation there is unknown.

Despite this tense and volatile environment, MSF, now a major health actor in the CAR, continues its work treating patients and the wounded, regardless of their affiliation. While we have had to temporarily evacuate our staff from certain areas that have become too dangerous in several regions of the country - and will probably have to do so again - MSF has adapted its current activities and has even opened new projects to meet the needs.

"The aim is to get to areas where a new outbreak of violence has occurred as soon as possible, to assess and meet the needs. If you get there fast, you can actually expect to have an impact on mortality and thus make a difference."

Rosa Crestani, MSF emergency coordinator

MSF in the CAR

MSF has been working in the CAR since 1997

- Currently offering medical care to approximately 400,000 people
- Providing around 800 hospital beds
- Working in seven hospitals, two health centres and 40 health posts
- MSF teams are currently working in seven regular projects and three emergency projects
- MSF teams have more than 100 expatriate healthcare workers and 1,100 Central African Republic staff

Six Hundred Patients in One Day

Responding to Typhoon Haiyan

MSF international and local staff unload supplies at MSF's tent hospital in Guiuan. Photograph © Francois Dumont/MSF

In the days after Typhoon Haiyan hit the Philippines, Médecins Sans Frontières (MSF) faced huge logisitical challenges to get emergency aid where it was needed most. Within days, MSF had brought in more than 150 staff and hundreds of tonnes of supplies, but continuing bad weather, damaged infrastructure and a scarcity of fuel and vehicles all had to be overcome to transport staff and supplies to affected areas. Now, as the emergency phase passes, MSF's work continues with a focus on restoring quality primary healthcare and hospital services.

"The situation is catastrophic," said Caroline Seguin, MSF's emergency coordinator, in the days immediately following the typhoon, and as MSF teams began treating patients, they encountered widespread needs.

In the ruined town of Guiuan, for example, six hundred patients came on the first day. "The most serious cases we've seen in Guiuan are people with injuries directly caused by the impact of the fierce wind. We've seen around 60 people needing minor surgery—procedures needing local anaesthesia for suturing, cleaning of infected wounds, and the routine setting of broken bones," said MSF's Dr Natasha Reyes. "The team saw some very nasty head wounds. Some had previously been stitched up but had since become infected, and the clinic had to start again and clean the wound.

"Then there were the large number of people who were the indirect victims of the storm, like an older man I saw with chronic obstructive pulmonary disorder, a serious lung condition. He had lost his inhaler, which is distressing and dangerous in his condition."

"Our goal is to support the health system in the region for the time it takes to return to normality."

MSF teams, comprised of international and local staff, set up an inflatable hospital in Tacloban, a tented hospital in Guiuan, and ran mobile clinics, sometimes by boat, in remote areas. MSF's standalone inflatable hospital - developed with the specific purpose of helping its emergency teams respond quickly to provide people with quality healthcare - will provide secondary healthcare and surgical care in Tacloban over the next three to six months while the local healthcare system is rebuilt.

"The first phase of the emergency is now over," said Laurent Sury, MSF emergency coordinator, "and we expect mainly to be treating patients with common diseases or conditions related to poor access to healthcare, such as women with complicated deliveries and people with chronic illnesses.

Mental health needs will also need to be addressed. "Many people are too busy now to absorb what has happened," said Dr Natasha Reyes. "I met a woman who had lost her daughter and her mother in the typhoon. She told me about it in a very matter-of-fact way, and said that she cried when it happened but had not cried since. I think many of the effects of the disaster will be delayed. Our teams will be busy for some time."

MSF in the Philippines

One month after Typhoon Haiyan

- 30,900 outpatient consultations
- 300 people admitted to hospital
- 2,100 surgical procedures and dressings carried out
- 28,000 relief kits distributed
- 9,100 tents, shelters or reconstruction kits distributed

MSF's inflatable hospital under construction, Tacloban. The hospital consists of four inflatable tents with an emergency room, woundcare room, pharmacy and up to 45 hospital beds. Photograph © Yann Libessart/MSF

An MSF doctor meets with patients in the days following Typhoon Haiyan. Photograph © Yann Libessart/MSF

Malaysian activists launch a demonstration against the Trans-Pacific Partnership Agreement. Photograph © P.K. Lee/MSF

In Bulgaria, immigrants from Syria do not have access to healthcare or mental health support. Photograph © Clément Chauvel/MSF

USA

Access to medicines in grave danger

Médecins Sans Frontières (MSF) is urging countries to stand strongly against the United States government's attack on access to affordable medicines after the intellectual property chapter of the secret trade agreement, the Trans-Pacific Partnership (TPP), was leaked.

"The leak confirms our worst fears—the United States is continuing its attempts to impose an unprecedented package of new trade rules that would keep affordable generic medicines out of the hands of millions of people," said Judit Rius Sanjuan, the United States manager of MSF's Access Campaign. "The good news is that the leak also reveals that the majority of countries negotiating this trade deal object to some or all of the most harmful provisions affecting access to medicines. The United States cannot possibly expect countries to cave in to rules that will endanger the health of their citizens."

Five countries—Canada, Chile, New Zealand, Malaysia, and Singapore—have put forth a counter-proposal that tries to better balance public health needs with the commercial interests of pharmaceutical firms.

"With so much official opposition now clearly in the public view, countries should be able to withstand political pressure from the United States," said Judit Rius Sanjuan.

MSF has launched a public appeal directed at Michael Froman, the United State's trade representative, asking him to withdraw aggressive provisions in the Trans-Pacific Partnership that will restrict access to affordable medicines for millions of people.

Guinea

Breakthrough in treating cholera epidemics

Médecins Sans Frontières (MSF) has presented the results of one of the first-ever, large-scale uses of an oral cholera vaccine during a cholera outbreak, describing a major breakthrough in the understanding and future control of deadly cholera epidemics. Using results from a mass vaccination campaign of more than 300,000 people conducted in Guinea in 2012, MSF and its research arm Epicentre have demonstrated the feasibility of implementing a mass vaccination campaign with oral cholera at the onset of an outbreak. This is similar to the way reactive vaccination campaigns are conducted when diseases such as measles or meningitis are reported in an area.

Noting indications that a major cholera epidemic was imminent, the Guinean Ministry of Health and MSF administered 316,250 doses of vaccine during two vaccination rounds in the coastal districts of Boffa and Forecariah over six weeks. The vaccination campaign was well accepted by the local community and MSF achieved high coverage rates. Almost all people surveyed after the campaign, 98.9 per cent, reported that they would be vaccinated again in a future cholera campaign.

"With this study, we show that with proper planning and outreach in the communities, it is indeed possible to vaccinate hundreds of thousands of people in a remote area, with a highly mobile population, in a relatively short period of time, against cholera," said Dr. Francisco Luquero, the paper's principal investigator. "However, oral cholera vaccines should not be viewed as a long-term solution for global cholera control. They should be integrated as an additional tool in the global response to cholera outbreaks."

Bulgaria

Appalling conditions in reception centres

Médecins Sans Frontières (MSF) teams have witnessed appalling conditions in reception centres and a disastrous lack of medical assistance for refugees in the Bulgarian cities of Sofia and Harmanli (in Haskovo province). As a matter or urgency, MSF has started medical activities and distributions of relief items in three reception centres in the Bulgarian capital and in the south-east of the country.

Since January 2013, nearly 10,000 migrants, the majority Syrian, have arrived in Bulgaria. Many Syrian families fleeing the war arrive exhausted because they had to find ways around the border controls along the Bulgaria-Turkey border. "Today access to Europe has become virtually impossible for refugees, including Syrians fleeing the horrors of war," said Ioanna Kotsioni, head of mission for MSF in Bulgaria. "Walls are being built in Greece, and soon in Bulgaria, forcing the most desperate to seek ever more dangerous routes such as the islands in the Aegean sea."

On arrival in Bulgaria, hundreds of people find their only option is to sleep outside in unheated tents, while others crowd together in disused school classrooms because the reception centres are unable to cope with these numbers of people. "These people live in overcrowded centres, sometimes with just one toilet for fifty people. Even more worrying is the concern for families who do not receive enough food to eat," said Ioanna Kotsioni.

According to European standards, Bulgaria has the responsibility to ensure access to medical and psychological care for asylum seekers, as well as specialised care to particularly vulnerable groups such as victims of torture, victims of sexual violence or people with a disability. However, medical care is not systematically provided for aslyum seekers.

To respond to this lack of assistance, MSF teams have begun work in two reception centres in Sofia and will shortly open a health post in a reception centre in Harmanli. These teams provide free primary healthcare and psychological support for the refugees. "There are many people with chronic diseases who need regular medical follow-up," says Colette Gadenne, coordinator of MSF's assessment visit in Bulgaria. "Winter is coming and the situation could get a lot worse. These reception conditions will only deepen the psychological suffering of these victims of a terrible war. Bulgaria and the European Union must urgently take steps to ensure adequate and humane reception conditions for people in distress who continue to flee the war."

The first baby admitted to the neonatal unit of the MSF mother and child hospital, Irbid, Jordan. Photograph © Enass Abu Khalaf-Tuffaha/MSF

Gaza

Extending reconstructive plastic surgery

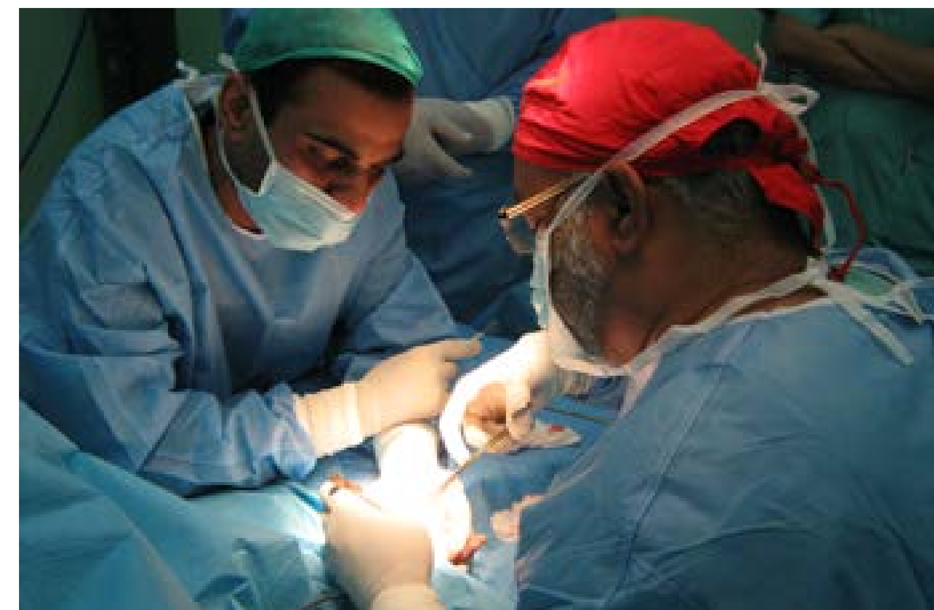
Médecins Sans Frontières (MSF) , working in collaboration with the Ministry of Health (MoH), has extended its reconstructive plastic surgery programme at Nasser hospital in Khan Younis to Al-Shifa hospital in Gaza City.

The programme opened in 2010, but demand and circumstance have meant they could not treat all those who needed care. The blockade implemented in 2007 resulted in over 450 patients having to wait from 12 to 18 months for their operations.

MSF performs two types of surgical intervention, plastic surgery and specialised hand surgery. Between January and September of this year, MSF teams performed 126 procedures, 63 per cent of them on children. "We hope that our work at Al-Shifa Hospital will increase the number of patients receiving treatment and reduce the Ministry of Health's waiting list," said Tommaso Fabbri, MSF's head of mission.

After their operations, patients are routinely referred to an MSF clinic that specialises in postoperative care. Physiotherapy plays a key role in rehabilitation treatment for patients, as it helps them to heal more quickly, suffer less pain, and regain as much use of their limbs as possible.

There is a room set aside for hand physiotherapy in the MSF clinic. Most patients are children. MSF teams at the clinic also treat patients referred by the Ministry of Health and other facilities. In addition to the surgery programme, MSF has worked with the Ministry of Health to provide intensive care training at Al-Shifa hospital for doctors from several Gaza hospitals.



MSF doctors are now operating at a second hospital in Gaza. Photograph © Marine Henrio/MSF

Jordan

Opening a new mother and child hospital

Médecins Sans Frontières (MSF) has opened a mother and child hospital in the northern Jordanian governorate of Irbid, in close collaboration with Jordanian authorities. The hospital provides services for Syrian refugees residing in the local community.

"Opening this project in Irbid aims to serve Syrian refugees living in host communities, helping to free up resources for locals," said Marc Schakal, MSF head of mission in Jordan. "The MSF strategy of intervention for Syrian refugees comes in support of Jordanian efforts, and is built to meet the crisis dynamics within the country."

The new hospital provides maternal and neonatal care, as well as antenatal and postnatal outpatient consultations. MSF has also opened a paediatric ward and begun paediatric outpatient consultations.

Janine Issa, an MSF midwife from Australia, said the project is enabling Syrian refugee women to have the regular medical consultations they need during pregnancy. "Some of them have been seeing private doctors," she said. "However, they had no access to this care on a regular basis simply because they cannot afford the consultation fees."

MSF continues to receive Syrian and other patients affected by conflict at its surgical hospital in Amman, where it offers specialised surgical interventions. MSF also runs a specialised surgical project for trauma patients in the Jordanian Ministry of Health hospital in Ramtha.

Syria

Psychological support for patients in distress

Shot by a sniper in Aleppo, an 18-year-old patient receives psychological support from MSF.
Photograph © MSF/Anna Surinyach

As part of its medical response to the Syrian conflict, Médecins Sans Frontières (MSF) has been running mental health programmes both within Syria and also for Syrian refugees who have fled to neighbouring countries. Trained psychologists and counsellors have provided psychological assistance in individual, family and group sessions. MSF psychologist Charlotte spent three months in Syria listening to what her patients had to say. Here, she talks about some of her experiences.

At the hospital in the Aleppo region I didn't just see patients but their friends and families too because they were in almost as much need of psychological support as the patients themselves. What these people are enduring makes them vulnerable and fearful. In a state of acute distress and pinning a lot of hope in the treatment, they are looking for a miracle and their unrealistic expectations often leave them disappointed.

Syrian and international care providers are completely overwhelmed by requests for help. People have nowhere to live, nothing to eat, no money to pay to get to hospital for their treatment and sometimes no family left to support them or a school for their children to go to. They see no future and are wracked with anxiety. They're not only concerned for themselves but also for what the future holds for Syria.

The distress of patients who have suffered injuries and find themselves disabled is all too apparent. Eleven-year-old D.* suffered severe burns to her face and upper body. Only her legs were left unscathed. Her injuries were already old by the time she arrived at the hospital. She hadn't been able to get treatment any sooner as field hospitals only provide care for the war-wounded and most other hospitals have either been destroyed or have insufficient personnel and drugs.

D.'s burn injuries were caused by a fuel cooking stove that exploded, a common occurrence as fuel is of very poor quality and often explodes. The effects of the burns were horrific and the little girl couldn't shut her right eye or her mouth. Her head had appeared to hang down and had stuck to her neck because the skin had retracted as it healed. She needed an operation. The surgeon made an incision in her neck so that she could hold her head up. And then the dressings and the skin grafts began. The other patients and their families kept asking us: "Will she get a normal face back?" And beyond this distress, emerges a generation of disabled people, bringing with it its own problems of mobility, resources, social integration, and so on.

What is really striking is the tremendous solidarity within communities and families.

When people are hungry, they can go to their neighbours who'll share the little they've got and give them something to eat. I remember the case of a young woman with severe burns who needed somebody to be with her at the hospital to help her eat and wash. Her mother had other teenage children who needed her so she couldn't be away from home for the long weeks or even months burn patients have to stay in hospital. But her neighbour had older and more independent children and immediately offered to help, even though she didn't know the mother very well at all. She stayed with the daughter day and night for four weeks.

Healthcare workers also need support

I worked with a Syrian psychologist who sees all the hospital's patients and is responsible for their treatment. She's the one who's there when a patient has to be told: "Your wife is not going to live." Her support is invaluable.

She gets on well with MSF's Syrian personnel who also turn to her for help because they face the same problems as their patients and need support too. Death, loss and suffering, as much physical as psychological, are as integral to their everyday lives at the hospital as they are to their patients'. Then they have to go home to their own families and communities and confront the same death, loss and suffering all over again. The cases they see over and over reflect their own sorrows, and it's hard for them to keep the perspective they so badly need.

I set up discussion groups, particularly for our interpreters. They have the gruelling task of listening all day long to the traumatic stories told by patients and then having to repeat them as they translate them. They have to translate all exchanges with international MSF staff working in the hospital so they hear and see a lot, they are in the operating theatre, they're with the patients, they're everywhere.

Charlotte does not speak Arabic so an interpreter assisted her in her conversations with her patients - but on one memorable occasion, Charlotte used French to talk to a small baby.

S. was only five months-old, the daughter of a fairly poor family who decided to leave their village after it was bombed several times. As they arrived in a neighbouring village, a bomb fell on their car. All the passengers, her father, mother and three of her eleven brothers and sisters, were killed outright, but she survived. Her leg was torn off and she had to be amputated at the thigh. One of her older sisters now looks after her. Aged 19 and wounded in the foot during a rocket attack, she has her own 8-month-old baby. So she's now looking after both babies and also breastfeeds

Children drawing as part of a mental health consultation in Syria.
Photograph © Robin Meldrum

S. The solidarity at the hospital was amazing. For example, when her older sister was too exhausted to feed S., the other women on the ward did it for her. The baby soon became the hospital mascot!

I had a real connection with this little girl. The hospital medical staff told me her story before I met her and said that she cried a lot of the time – perhaps because of the phantom pain caused by her amputated leg. When I saw her for the first time, I took her in my arms to establish a physical contact and, speaking in French, told her what had happened to her.

She listened very carefully and it felt as if her eyes were piercing me, that she was looking right into my soul.

It was a highly charged and very special moment. All the women around us were also listening to my words, spoken in a language that was totally foreign to them, not able to understand, but grasping the meaning, just like S.

So I looked her in the eye and held her – more supported her – in my arms and stroked her face. I wanted to tell her her story, put into words the terrible things she had been through. So I told her she really hadn't been lucky, that she had had a really sad experience and that she wasn't going to see her parents again. That she must have been absolutely terrified, that she must have heard a huge bang and felt the intense heat and seen the flames. And I told her that she couldn't possibly have understood what was happening. I said it wasn't her fault and that she was going to have to be really brave. She understood my intonation, she felt supported and she glimpsed an expression of reassurance when I said that we understood her, that we knew she must still be terribly frightened. Then she answered me.

She really spoke to me; she said something. It was a kind of communication, a dialogue between her and me.

I talked to her again and she answered me. I told her she had lots of things to say. This went on for several minutes while the women watched us in amazement. Soothed by the stroking, she fell asleep. She slept peacefully for a good five minutes and then became agitated. All of a sudden, she really flinched and the expression on her face was awful. Maybe she was reliving the explosion? When she woke up, she scrutinised me again with her piercing look, and then started to gurgle.

I saw her regularly; I never missed an opportunity to see her. She was the hospital's favourite and was passed from one person's arms to the next. I remember a particularly moving moment when a wounded patient (and a hardened fighter) took her in his arms.

He spoke some very pretty words to her in Arabic: "you're this hospital's little treasure."

Then one day I gave her a teddy bear and she was so excited. There aren't any toys in the hospital and it's tough for the children. They're in pain, they cry, they need their mothers. When they see a nurse or a doctor, they think there's going to be more pain, they're scared because the treatment isn't easy. S. looked at me with her inscrutable eyes, and then at the teddy and smiled. She grabbed its big ears and hugged it so tight that her fingers turned white. Then she put it to her mouth like babies do, with a look both questioning and enchanted, as if to say, "What's this, a toy? Is it mine?" She played with it for 15 minutes or so, a very long time for a child her age as they don't usually stay focused on anything for more than five to 10 minutes.

When she left the hospital, she went to live with her 19-year-old sister and relatives in a house meant for 10 people but by then had 20 to 30 people living in it. S. has returned to the hospital from time to time for her dressings to be changed and physiotherapy. The Syrian psychologist has been able to see her since I left.

A street scene from Aleppo.
Photograph © Monique Doux/MSF

After surgery, a child receives follow-up care at MSF's hospital in Aleppo.
Photograph © MSF/Anna Surinyach

* Patients' names are withheld

“I Didn’t Want to be a Tuberculosis Statistic”

Phumeza Tisile reflects on her cure from extensively drug-resistant tuberculosis at MSF’s tuberculosis care centre in Khayelitsha, South Africa.

They lay there on a small saucer – five bright yellow capsules, a big white tablet and a brown capsule. And with one brave last gulp Phumeza Tisile, aged 23 years, put an end to her daily ritual of the last two years and swallowed the last of the 20,000 pills she had taken to cure one of the most severe forms of drug-resistant tuberculosis: extensively drug-resistant tuberculosis (XDR-TB). When it was done she cried tears of joy.

“I never thought this day would come,” Phumeza says, “I’ve beaten it. Getting cured at last is very exciting. It was scary at first. But you live in hope – hope that one day you will be cured. I didn’t want to be a tuberculosis statistic and that kept me going.”

Phumeza has beaten the disease against all odds after an arduous two years of treatment. The disease has a less than 20 per cent chance of cure, and because getting a proper diagnosis took so long, her chances of survival were even less to begin with.

Dangerous delays

Before being treated by Médecins Sans Frontières (MSF), an accurate diagnosis of Phumeza’s condition was delayed due to the lengthy process required to confirm the extensively drug-resistant tuberculosis infection using available diagnostic tests in the public sector. This meant Phumeza received ineffective treatment for drug-sensitive tuberculosis through state care before learning that she in fact had extensively drug-resistant tuberculosis. In addition she also suffered serious side effects that affect many people on drug-resistant tuberculosis treatment, including permanent deafness.

Two obstacles to effective treatment

By the time Dr Jennifer Hughes, MSF’s tuberculosis doctor in Khayelitsha started treating Phumeza in May 2011 nine months had passed since she was on the unsuccessful treatment for drug-sensitive tuberculosis in the public sector. Dr Hughes says Phumeza’s story illustrates the two biggest obstacles to treating drug-resistant tuberculosis effectively: the lack of diagnostic tools to detect extensively drug-resistant tuberculosis earlier, and the limited range of drugs to treat it.

> **“Given such a limited shot at success with the current drugs, it’s crucial that we find and use better drugs for patients like Phumeza.”**

“The delay in Phumeza’s treatment was due to real difficulties in diagnostics available to doctors today and it disadvantages patients like Phumeza. We really need better diagnostics if we want to save lives and fight drug-resistant tuberculosis,” says Dr Hughes.

Hard to swallow

For patients trying to beat drug-resistant forms of tuberculosis, two years of treatment is a gruelling and painful affair. “I had to take at least three medications, more than 20 pills daily, supplements and injections. It is just too much. Many other patients will agree,” says Phumeza.

New hope, at a high price

One of the drugs that Dr Hughes attributes to Phumeza’s cure is a high-strength antibiotic called linezolid, which Phumeza received as part of MSF’s ‘strengthened regimen’ programme in Khayelitsha. The programme provides patients with individually tailored combinations of new, more effective available drugs to improve on the current standard regimen.

While MSF data has shown promising results in using linezolid as part of a regimen for extensively drug-resistant tuberculosis, the drug is not widely available as a tuberculosis medicine in South Africa for two reasons: firstly, it is extremely costly because it is under patent; and secondly, the available product is not registered as a drug-resistant tuberculosis treatment in South Africa, making it difficult to access through public treatment facilities.

Pharmaceutical company Pfizer is the sole supplier of linezolid in South Africa because it holds multiple patents on the drug. At the prices Pfizer charges, a two-year course of treatment for a patient like Phumeza, costs over EUR 35,862 / ZAR 493,000 per patient when purchased through the private sector.

More affordable and quality-assured generic versions of linezolid are available in other parts of the world, but despite MSF’s calls for action, the Department of Health has not yet tried using available legal flexibilities under international trade agreements to overcome patent barriers to access less expensive linezolid.

Back to her future

Now being cured from extensively drug-resistant tuberculosis, Phumeza can resume her dreams of studying further, though her battle has seen her focus change. “Having this experience has changed me. I’m not the same person I used to be. I want to register at university again. I know it’ll be difficult because of my deafness. The business world will not accept me, but maybe I can follow a course in healthcare.”

In 2012, MSF admitted 29,000 new patients for first-line tuberculosis treatment and 1,780 for second-line tuberculosis treatment.

Test Me, Treat Me

We ask for urgent change

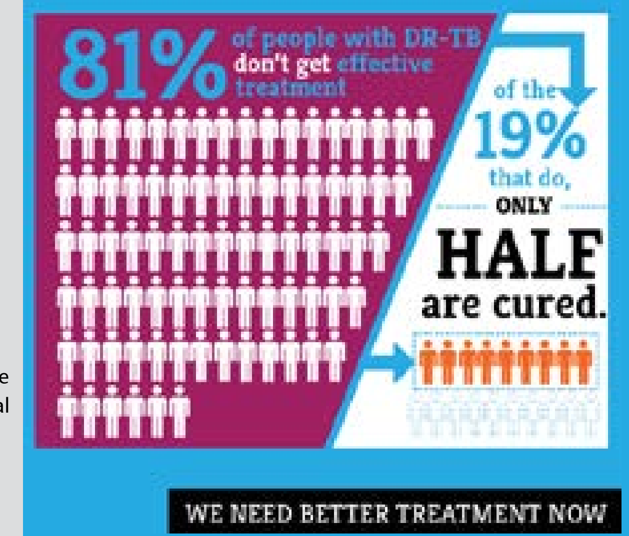
People living with drug-resistant tuberculosis and their medical care providers are calling on the international community to address the drug-resistant tuberculosis crisis with better treatment and diagnosis, and adequate funding.

Tuberculosis is one of the most deadly infectious diseases in the world. Each year it kills 1.4 million people with nearly another nine million suffering from the disease, mainly in developing countries.

Left untreated, the infectious disease is lethal. But current treatments, which include painful daily injections for up to eight months, can subject people to two years of excruciating side effects, including psychosis, deafness, and constant nausea. Barely half of those treated are cured.

A public manifesto, launched by people living with the disease and MSF medical staff from around the world, asks for universal access to drug-resistant tuberculosis diagnosis and treatment; better treatment regimens; and sufficient funding to meet these goals.

MSF will share the manifesto with key power brokers, including governments, funders, pharmaceutical companies and policymakers throughout 2014.



You can support the call to action - sign the manifesto now at **www.msfaccess.org/tbmanifesto**

After 20,000 pills, Phumeza takes her last tablets and celebrates her cure with her doctor, friends and family.

All photographs © Sydelle Willow Smith

Kids Playing Adults

Home detention in Occupied Palestinian Territory

Occupied Minds is a series of stories about Médecins Sans Frontières (MSF) patients affected by the Israeli-Palestinian conflict. Here, cousins, Hussein and Ziad describe their experiences.

Hussein and Ziad live in Silwan, a neighbourhood in conflict in East Jerusalem, adjacent to the Old City and the revered Al-Aqsa Mosque. The more than 30,000 Palestinians who live here face the constant threat of house demolitions, Jewish settlers' encroachment and a plan from the municipality to convert part of the neighbourhood (Al-Bustan) into a national park, referred to as King David's Garden.

The only place to talk to Hussein and Ziad is at Hussein's house. Hussein can't go out. If he does, there will be even more trouble for him as he is under home detention. Hussein and Ziad were arrested a couple of years ago with four other young people. They were charged with serious offences: attempting to stab a settler, throwing Molotov cocktails, and stone throwing, among others. "You name it, it was a long list," says Ziad, "taking into account that we did nothing of the sort."

Hussein and Ziad show the braided threads prisoners made for them. Photograph © Lali Cambra/MSF

After their arrest, they were sent to prison: Ziad, for four days, Hussein, for two weeks. When released, Hussein was sentenced to a period of six months of home detention. For a while he was forced to live at an aunt's house. By his own account, that was his worst period.

He couldn't go to school or see his friends. "I was just sitting in the house, browsing the internet, watching TV. Nothing else," says Hussein, a tall boy who nonchalantly keeps a constant eye on his cellphone to check his Facebook page for updates. He is shy and cocky at the same time, a difficult combination that only teenagers know how to perfect. He says that now that he is back with his parents the situation has improved, and he has been allowed to go back to school. "I've missed too many classes and I can't catch up. I mainly stare at the blackboard. But after all, I don't want to go to school, I just want to work."

Ziad, shorter and burlier, looks at his cousin and nods, with a "me too, and the sooner the better" expression on his face. They are kids playing adults. According to MSF's psychologists, many of the children arrested, imprisoned or under home detention end up dropping out of school, a "lucky" some taking on menial jobs for a very low salary, without any future.

After serving the customary tea and cold drinks for the visitors, Hussein's mother sits with the translator, journalist and the two boys in their modest living room. Silent and preoccupied, she smiles vaguely at her son's remarks and often looks at the picture that dominates the room: her first-born son, Ziad's brother who is still in prison.

Since his release, Hussein has been receiving care from staff at the mental health project that MSF recently opened. According to the psychologist, he was hyperactive, aggressive and had flashbacks about his detention by the police. The treatment, in concert with a return to his parents' house, where he feels much safer, has improved his condition.

Hussein boasts about school, "Our schoolmates told us yesterday that they missed us a lot, that we are good friends, that we have become better." Prison seems to them a rite of passage, and means an instant upgrade in status. However, asked if the rest of the students see them as heroes, the answer is sharp, immediate: "Not at all, on the contrary, many of our classmates have already gone to prison, nothing new there."

Hussein continues: "Prison was not bad. My brother was there, the prisoners took good care of me. It was very crowded, but later they put us in a cell for eight people. We got up at five in the morning for counting and searching. If you were not up and ready they hit you. We did have some classes. Math and also painting. We only painted about how we love Silwan, how we love Palestine."

Playing football is their thing. But if asked what object they value the most, both kids do not hesitate for a second and they raise their arms: on their wrists, two thin bracelets, braided threads. "The prisoners made them for us. They gave them to us when we were about to be released. They make them with frayed towels." Are they afraid of going back to prison? Of facing the judge? "No," they say, "we didn't do anything wrong. Besides, here it's normal."

MSF has detected a substantial increase in the number of minors treated at their programmes. Children are direct or indirect witnesses of the conflict: family members or even children themselves are detained (at 12 years old children can go to prison and from 16 they are treated as adults); settler confrontations; movement restrictions by the army; and internal fighting among Palestinian groups. It all takes its toll.

Many children suffer from isolation, night terrors, being constantly on alert and aggressive behaviour. They may wet their beds or their language or behaviour may change. The constant tension can also cause physical problems like fatigue, aches and pains, sleeping difficulties and loss of appetite. These natural reactions may feel overwhelming to the children and their families and, if not treated in time, may have an irreversible impact on the child's development.

To read more Occupied Minds stories, visit
www.msf-me.org

From One End of India to the Other

Cycling for MSF

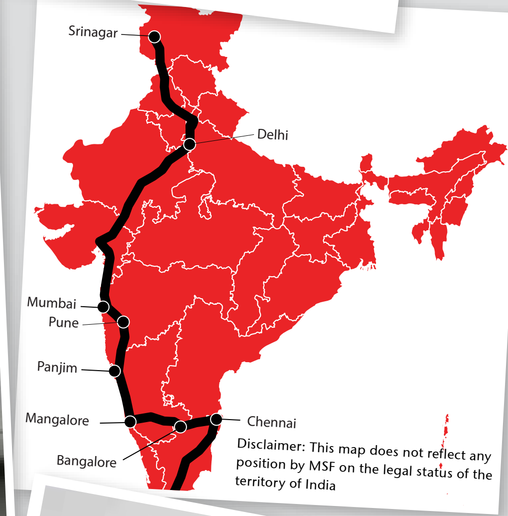
Five thousand kilometres, 10 states, 100 days, 65 stops, 10 medical colleges, 10 film screenings - former International President of MSF, Dr Unni Karunakara is cycling across India to support Médecins Sans Frontières (MSF).

Over 200 cycling enthusiasts joined Dr Unni Karunakara on the stretch from Rashtrapati Bhavan, New Delhi to Biodiversity Park, Gurgaon. Photograph © MSF

Outgoing International President of MSF, Dr Unni Karunakara, has taken to the road on a bicycle to travel 5,000 kilometres through 10 states beginning in Jammu and Kashmir and ending 100 days later in Kerala along the way planning to spark a dialogue with the general public, medical students, and healthcare providers on health, healthcare, and humanitarianism.

Dr Karunakara ended his three-year term as International President in October 2013 but is continuing his lifelong commitment to MSF by raising awareness about medical humanitarian action and by raising money for the people in need of healthcare all over the world. "I have been working in international health for 18 years from treating patients, advocating for lifesaving medicines, and fighting to improve access and the quality of healthcare," says Dr Karunakara. "I feel I have a unique opportunity to pause, reflect, and explore with people what health means to them and how they experience it. I love to cycle. As a medical intern in India in 1988, I biked from Delhi to Leh and Srinagar to Delhi. I dreamt, one day, to ride from one end of India to the other. Twenty five years later, I can fulfill this dream and combine it with my other passion, which is to connect with people, start meaningful dialogues, and learn from each other."

Dr Unni Karunakara approaches Delhi, the last city of the first leg of his trip. Photograph © MSF



Dr Karunakara is being joined by various riders along the way, offering camaraderie and their support to raise funds for MSF programmes in India and elsewhere, from Canadian Olympic silver medalist, Helen Upperton, to Indian poet and author Jeet Thayil. This ambitious trek across India will take the riders on highways, country roads, and ferries.

"What Dr Karunakara is doing is heartfelt," says Martin Sloot, General Director of MSF India. "He has already given MSF nearly 20 years of his professional life, knowledge, and skills, and now he is launching this ride, which we hope will become Cycle for MSF, an annual awareness and fundraising event to garner support for some 400 international medical programmes, including eight projects in India. Such a commitment demonstrates his passion as a doctor, his impulse to connect, listen, and learn from people, and his deep commitment to improve the lives of people around the world."

Former International President of MSF, Dr Unni Karunakara cycles across India to support MSF. Photograph © MSF

To read more, visit
www.cycleformsf.in

Keeping Mothers Healthy and Protecting Babies

In southern Swaziland's Nhlangano area, Médecins Sans Frontières (MSF) has been rolling out an innovative approach to stop the transmission of HIV from pregnant mothers to their children. Commonly referred to as PMTCT B+ (prevention of mother-to-child transmission, option B+), it is hoped that that this will be an important development in curbing the HIV epidemic in Swaziland. Conducted in collaboration with the Swazi Ministry of Health, this project aims to place HIV-positive pregnant women on treatment as soon as possible after their diagnosis. In other approaches, women do not always receive treatment so quickly. The introduction of the PMTCT B+ approach therefore helps to reduce the risk of transmission of HIV from mother to child. So far, more than 200 women have joined the programme and it is hoped that over the next four years 2,000 women will be included.

"We hope to influence the national health policy so that this new approach is implemented throughout the country," says Elias Pavlopoulos, MSF's head of mission in Swaziland. "We hope this initiative will not only help Swaziland but also become a successful example for other countries. MSF is acting as a catalyst for change."

More stories, photographs and updates from this innovative project can be found on MSF's new website

hivswaziland.msf.ch

نومسيبو دلاميني، خبيرة سريرية تعمل مع أطباء بلا حدود وهي مريضة تعالج يعالج في عيادة تفوكوتامي، تقدم حديثاً بشأن التربية الصحية إلى المرضى. "نتحدث إلى المرضى حتى يستوعبوا أهمية الاختبار. كما نوضح للمرضى كيف أننا نحن أيضاً نستفيد من تلقي العلاج المضاد للفيروسات الرجعية وكيف بإمكان هذا العلاج أن يساعدهم".

Nomcebo Dlamini, an MSF clinic expert patient at Tfokotani Clinic, gives a health education talk to the patients. "We talk to patients so they can understand why testing is important. We also tell the patient how we ourselves have benefitted from taking antiretroviral treatment and how can it help them."

All photographs © Yasuhiko Okuno

الحفاظ على صحة النساء وحماية الأطفال

في منطقة نهلانغانو الواقعة جنوب سوازيلاند أطلقت منظمة أطباء بلا حدود مقاربة مبتكرة للحد من انتشار فيروس نقص المناعة البشرية/الإيدز الذي تنقله الأمهات إلى أبنائهن. ويشار إليه عموماً بمنع انتقال الإصابة من الأم إلى الطفل +B، وتأمل المنظمة أن تكون هذه المبادرة تطوراً مهماً في التصدي لانتشار المرض في سوازيلاند. إن هذا المشروع الذي أنجز بالتعاون مع وزارة الصحة في سوازيلاند يهدف إلى إخضاع 2,000 امرأة حامل مصابة بفيروس نقص المناعة البشرية للعلاج خلال السنوات الأربع القادمة في أقرب وقت بعد تشخيص حالتهن. وقد انضمت إلى البرنامج حتى الآن أكثر من 200 امرأة. وتأمل المنظمة أن تضم ما لا يقل عن 2,000 مريضة أخرى خلال السنوات الأربع القادمة.

إذ في إطار مناهج أخرى، لا تحصل النساء دائماً على العلاج بسرعة. وبهذا الصدد، فإن منع انتقال الإصابة من الأم إلى الطفل +B تساعد في تخفيض خطر انتقال الفيروس من الأم إلى الطفل.

وأفاد رئيس بعثة سوازيلاند، إلياس بافلوبولوس: "نحن نأمل التأثير في السياسات الصحية الوطنية حتى يتم تنفيذ هذه المقاربة الجديدة في أنحاء البلاد. ونأمل ألا تساعد هذه المبادرة سوازيلاند فقط لكن أن تصبح أيضاً نموذجاً ناجحاً تقتدي به بلدان أخرى. وتلعب أطباء بلا حدود دور المحفز على التغيير".

يمكن تصفح المزيد من القصص والصور والمستجدات بشأن هذا المشروع الابتكاري على الموقع التالي:

hivswaziland.msf.ch

تعمل أطباء بلا حدود بتعاون وثيق مع وزارة الصحة لكي توضح أن هذه المقاربة الجديدة فعالة وأنها مستحسنة من قبل النساء الحوامل والموظفين الصحيين وأنه بالإمكان إطلاقها في العالم بأسره. إنها أول خطوة لتصور سوازيلاند خالية من فيروس نقص المناعة البشرية.

MSF is working in close partnership with the Ministry of Health to show that this new approach is effective, accepted by pregnant women and health workers, and that it can be rolled out nationwide. It is a first step to envision an HIV-free Swaziland.

مرضعة مصابة بفيروس نقص المناعة البشرية في بيتها مع ولديها الثاني والثالث اللذين لم يصابا بالفيروس. وهي تتحدث عن دعم زوجها لها وهو أيضاً مصاب بفيروس نقص المناعة البشرية ويتلقى العلاج. "أنا دائماً أشجع الأشخاص على التحرك لأن تلقي العلاج المضاد للفيروسات الرجعية ليس نهاية الحياة إذ بإمكانهم أن يواصلوا التمتع بحياة سعيدة".

A breastfeeding HIV-positive patient at home with her second and third children, who do not have the virus. She talks about the support from her husband who is also HIV-positive and on treatment. "I always encourage people to take action in the sense that taking antiretroviral treatment is not the end of life, you can still live a happy life."

جميع الصور © يوسوهيكو أوكونو