

# WITHOUT BORDERS

Issue 24 | April – June 2014

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



## URGENT DELIVERY

The challenges of giving birth in Afghanistan

# PROVIDING MEDICAL AID TO THOSE MOST IN NEED REGARDLESS OF THEIR RACE, RELIGION, OR POLITICAL AFFILIATION.

HELP SUPPORT OUR CAUSE.

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## WELCOME



Welcome to our new Without Borders. This is our first issue of MSF UAE's re-designed quarterly newsletter, and we hope you like it.

In this issue, we want to shine a light on populations and health issues that are not getting the attention they need.

To start, there are the women of Afghanistan, who face a 1 in 8 risk of dying as a result of pregnancy or childbirth during their lifetime. We highlight the reasons why too many women are still dying preventable deaths and what MSF is doing to help more women get the essential medical care they need.

Then there are the people of Central African Republic, or CAR, who find themselves at the centre of a humanitarian catastrophe spiraling out of control. The deteriorating situation can be read on the bodies of our patients: the gunshot and mortar wounds, and the deep cuts from machetes, tell us of shocking new levels of violence. Our teams have been bringing care to all communities throughout this tragedy, and we will continue to advocate for the people of CAR for as long their plight remains in the shadows.

For people in the Occupied Palestinian Territories, their predicament is a long drawn-out one, marred by stress, anxiety and depression as a result of living under occupation. We share an update on how MSF is trying to help people restore an acceptable level of psychological health in the face of daily violence and intimidation.

We also highlight the global threat of drug-resistant tuberculosis (DR-TB). Our doctors are reporting that DR-TB is spreading at an alarming rate. Standard drugs do not work, and doctors have to resort to long, expensive, and arduous treatments that only cure half the patients, at best. We are making urgent calls to decision-makers for new medicines and more funding to deal with TB, and you can help by signing our TB petition.

We are grateful for your interest in the people, places and health issues we are highlighting, and as always, thank you for your ongoing support for our work. ■

### Ghada Hatim

Executive Director  
Médecins Sans Frontières UAE

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### Front cover photograph:

Paediatric nurse Isabelle Arnould examines a baby in the neonatal ward at the MSF Maternity Hospital in Khost, Afghanistan. © Andrea Bruce/Noor Images

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

Images: Samantha Maurin/MSF, Francois Servranckx/MSF, Angel Navarrete

# MSF AROUND THE WORLD



## IRAN

### AIDING TEHRAN'S POOREST

MSF has been working in Darvazeh Ghar, one of Tehran's poorest neighbourhoods south of the Grand Bazaar, where obtaining medical care can be particularly difficult for people.

"We treat refugees and pregnant women here every day. It's hard for them to pay for their treatment and they can't travel further to the Ministry of Health clinics. Here it's all free," says Mona, MSF midwife, at the clinic.

Mona sees approximately 30 patients a day, offering prenatal, maternal and newborn care, family planning advice and contraception.

"This clinic offers some hope to Tehran's poorest residents," says Zarha, a nurse. "When they come for the first time, they are suspicious, but by the third visit, they're completely changed, they are more at ease because they know that we want to help them and that we are here for them. This is the only place where they can receive the medical care they need."

## UKRAINE

### MSF PROVIDES MEDICAL ASSISTANCE FOLLOWING CLASHES

Following the violent clashes between anti-government protestors and police in the Ukraine in February, an MSF surgeon helped treat 20 wounded at a health facility in Kiev. The surgeon provided minor surgery for bullet and blast wounds as well as fractures. MSF also donated medical supplies to health structures and hospitals in the capital. MSF psychologists are now providing support to people in the aftermath of the violent clashes and MSF teams are assessing the health needs in other locations in the country.



## SOUTH SUDAN

### PROVIDING MEDICAL CARE IN OVERCROWDED JUBA CAMPS

MSF is providing medical care in two camps in Juba, South Sudan, where 40,000 people are seeking refuge from widespread fighting that erupted in mid-December following a fall-out between the President and the main opposition leader that has since developed into a full-scale conflict.

The fighting is affecting large parts of the country and has resulted in more than 10,000 deaths, 710,000 displaced people within South Sudan, and more than 170,000 having fled the country.

MSF carries out around 1600 consultations per week in the two camps, mainly for diarrhoeal diseases, malnutrition and respiratory tract infections. MSF also has in-patient facilities in both camps with a total of 50 beds.

In the Topping camp living conditions are extremely poor. The camp is overcrowded and there is a lack of water and sanitation. With the start of the rainy season, residents need to be moved to a place that is less crowded with a better drainage system to avoid an increase in diarrhoeal diseases and malaria. A flooded overcrowded camp would make the situation untenable for the camp residents, many of whom are too fearful of being attacked if they return home.

Doctors Without Borders/Médecins Sans Frontières (MSF) brings emergency medical assistance to people affected by conflict, natural disasters, epidemics or exclusion from healthcare in more than 70 countries around the world.

## GUINEA

### MSF VACCINATES 400,000 CHILDREN AGAINST MEASLES

Following measles outbreaks in three densely populated areas of Conakry, the capital of Guinea, the Guinean government asked MSF to carry out an emergency vaccination campaign in the areas. Over a three-week period 400 MSF staff vaccinated close to 400,000 children between the ages of 6 months to 10 years, in the three districts of the capital. Measles can lead to severe complications in young children that can be fatal, yet in Guinea only 37% of children had received the required measles vaccines.



## INDIA

### NEW INTENSIVE CARE UNIT FOR SEVERELY MALNOURISHED CHILDREN IN BIHAR

In February, MSF and the State Health society in Bihar state, India, opened a Malnutrition Intensive Care Unit at the Darbhanga Medical College Hospital. The first of its kind in India, the unit will provide specialised inpatient medical and nutritional care for children who are severely ill and at highest risk of dying. This is a step closer to addressing severe acute malnutrition in Bihar, one of the poorest states in India, where it is estimated that 8.6% of children under the age of five years are severely malnourished.

## ITALY

### MSF TO TREAT HOMELESS PEOPLE IN MILAN

MSF has opened a 20-bed health facility in Milan to assist homeless people in need of medical follow-up. Inside the facility, which complements the local health system, the MSF team provides medical and nursing care on a 24-hour basis. According to an MSF assessment of the health situation of homeless migrants and Italian nationals in the city, a total of 850-900 patients required medical follow-up for a variety of health problems. These include respiratory infections, pneumonia, skin infections, as well as illnesses requiring long-term medical attention such as heart, liver or kidney disease, HIV/AIDS and tuberculosis. ■

Images: Andrea Bruce/Noor Images

## MATERNAL HEALTHCARE: AFGHANISTAN

## LABOUR PAINS

Afghanistan is one of the most dangerous places in the world for a woman to give birth. Insecurity means that many women hesitate to make the long, dangerous and often expensive journey to health facilities offering quality maternal care. Too many women still die preventable deaths because they do not have access to the essential care they need.

Paediatric nurse Isabelle Arnould tries to save a baby that was born with complications at the MSF Maternity Hospital in Khost.



While there has been much progress in maternal healthcare in Afghanistan over the past decade, women and girls must overcome significant obstacles

when they need to access healthcare. Low literacy rates, a lack of knowledge of health problems, and restrictions on their movement and access to money all limit women's ability to access health services for themselves and their children. For cultural reasons, men are not considered appropriate healthcare providers for women, so the dire shortage of female midwives, nurses and doctors poses a huge barrier for many women.

### WOMEN FACE MANY BARRIERS TO RECEIVING MEDICAL CARE

"What we see and also hear from a lot of people, from elders outside, is that a lot of women are still dying in their villages. They live far away. It's very difficult for them because there is no transport, roads

## "A lot of women are still dying in their villages"

are bad, they don't know how to get here, or due to security problems," says Kirsten Accoe, medical focal point at MSF's maternity hospital in Khost.

In more remote areas, many public clinics are only open in the morning, which does not fit with the reality of labour, as women need access to delivery services at any time. Women who go into labour or experience bleeding in the late afternoon or at night are often unable to find free care nearby and are forced to either travel long distances at significant risk and cost, or to deliver at home. Without skilled medical help, these women are more at risk of illness or death if they face complications.

"We know that a lot of women deliver at home. After the delivery, they sometimes bleed a lot. Before they understand that it's

a complication, there is quite a delay. They then need to find transport and try to reach us. In these crucial hours, she might die on the road," says Kirsten.

Women in most areas of Afghanistan require consent from their husbands in order to visit a health facility. Once consent is obtained, they are usually obliged to be accompanied by a male relative. If there is no male available, this can delay or prevent the visit to a healthcare provider.

The shortage of female midwives, nurses and doctors poses another huge barrier for many women, especially in rural areas. In general, qualified specialists prefer to live and work in big cities, and are reluctant to work in rural and insecure areas.

### CARE FOR PREGNANT WOMEN AND NEWBORNS

To help women overcome some of the specific barriers they face, Doctors Without Borders/Médecins Sans Frontières (MSF) is providing emergency maternity health care in three hospitals in Afghanistan – in

At MSF's maternity hospital in Khost, women and their babies receive care from qualified doctors and midwives who can identify complications early and perform life-saving surgery.



Khost in the east, Helmand in the south, and in eastern Kabul.

The MSF maternity wards provide a safe and healthy environment for women to deliver their babies free of charge, and to assist in complicated deliveries in order to help reduce the high maternal mortality rate. Across MSF's maternity wards, medical staff delivered more than 33,500 babies in 2013.

Although the lack of qualified female medical staff living in or willing to relocate to remote areas is a major challenge, MSF tries to have an all-female medical team providing care to patients. MSF's international doctors and midwives help fill the staffing gap and train local staff so that more women can receive the medical care they need. ■

### LEARN MORE

MSF's full report - *Between Rhetoric and Reality: The Ongoing Struggle to Access Healthcare in Afghanistan* - reveals the serious and often deadly risks that people are forced to take to seek both basic and emergency care. Download the report at [www.msf-me.org](http://www.msf-me.org)



Paediatric nurse Isabelle Arnould examines a baby in the neonatal ward at the MSF Maternity Hospital in Khost.

Image: Juan Carlos Tomasi/MSF

**Q&A: CENTRAL AFRICAN REPUBLIC**

**THIS WAS MY MOST DIFFICULT MISSION**

Jessie Gaffric is a Doctors Without Borders/ Médecins Sans Frontières (MSF) project coordinator who has carried out several missions for MSF in violent and conflict settings, including Yemen and the Democratic Republic of the Congo. She recently returned from the Central African Republic, where she says her mission at the Bangui Community Hospital was her “most difficult” to date. We asked her about her experience there.

**WHO ARE MSF’S PATIENTS AT THE BANGUI COMMUNITY HOSPITAL? WHAT KINDS OF WOUNDS HAVE THEY RECEIVED?**

In Bangui, we treat primarily men between the ages of approximately 20 and 35. Most are combatants. Women and the elderly make up a minority of the patients. They happened to be in the wrong place at the wrong time. Children under the age of 15 were treated at another facility.

However, a large majority of the patients who came from outside the city - from villages in the provinces that had been burned and looted and who are transferred by the ICRC or other MSF teams to the community hospital – were women and children.

Nearly all of our patients are victims of violence. The most common injuries are bullet and grenade wounds, followed by knife and machete wounds. The next category includes victims of lynching, confinement and torture, and, lastly, people who have been wounded while fleeing.

**WHAT WERE THE OBSTACLES AND CONSTRAINTS THAT YOU FACED IN YOUR WORK?**

Insecurity is the main problem and that’s what makes it hard for us to do our work. For example, we have to manage our time differently - our teams cannot stay in the hospital after the 6pm curfew. It’s too dangerous. So we have to do a full day’s work during the 11 hours that we are there. Sometimes, we had to lock ourselves in the operating room – “hibernate” there – or evacuate immediately. The insecurity also meant that there were few or no staff

members at the hospital at night. When it was time for us to go, we had to leave patients alone, without medical monitoring. We didn’t know whether they’d be alive when we returned.

**AS PROJECT COORDINATOR, YOU WERE RESPONSIBLE FOR THE TEAMS’ SECURITY. HOW DID YOU MANAGE THAT?**

It took a huge amount of time. The situation was chaotic - between the armed men who came into the hospital, armed patients, and family members and visitors – also possibly armed – who were always coming and going. Some categorically refused to turn over their weapons at the hospital entrance. In any event, it was impossible to search everyone. Everyone was terrorised and very suspicious, which complicated things even further.

We were constantly telling people, “The hospital is a place where people come for medical care – conflicts must remain outside.” We talked with the patients a lot, as well as with everyone living on the hospital grounds. MSF places all patients together and does not distinguish based on group or religion. We had to talk to the patients about that policy and explain it to the families. That took a lot of time, too. But I think that in spite of the daily threats to the patients and the presence of weapons in the hospital, it allowed us to avoid serious problems. The people respect our work and accept our rules. However, on some days, when we left for the night, we weren’t sure whether we’d find all our patients there the next day. It was awful.

**WERE YOU EVER AFRAID?**

Yes. Some of the armed men in the hospital frightened me. I had to step between them to prevent the lynching of a patient. The attackers looked at me with hate in their eyes.

I was also afraid when we travelled by car when there was shooting; when we would encounter combatants who looked really intimidating; and when we saw corpses on the roads. I was afraid at MSF living quarters, too, when there was shooting in the neighbourhood. That happened almost every night, but some nights were worse than others. We even had stray bullets enter the house.

I was also afraid of making the wrong decision when we were evacuating a team. And of my responsibility for their safety.

**HOW WAS THIS MISSION IN THE CENTRAL AFRICAN REPUBLIC DIFFERENT FROM OTHER MSF MISSIONS YOU’VE BEEN ON? HOW WAS IT HARDER?**

The constant tension and the complexity of the conflict. On my other missions, things were clear. This group was fighting that group. In the CAR, the clashes have developed into inter-communal conflicts. Everyone is fighting everyone today. The rise in violence, the levels it’s reached, the hatred that creates this fury to kill and mutilate – all of that was really hard. The wounds and the injuries, particularly knife wounds, were horrible.

The heavy workload. We had several large inflows of patients where a majority involved serious cases. That’s unusual. In Bangui, the percentage of serious cases was greater than that of minor injuries. Even “normal” days were much worse than what I was used to.

I think Bangui was the most difficult mission I’ve ever been on. Luckily, the team was great. We had a tremendous sense of cohesiveness, both at work and at the house. That and listening to Janis Joplin at night - that’s what helped us.

**IS THERE A PATIENT WHO PARTICULARLY AFFECTED YOU?**

There were several. One man arrived, upright, walking, with his throat slit and his trachea open to the air. He also had machete wounds on the back of his neck and one ear had been cut off. He had been tortured for four days. He died the next day.

Then there was Michael, who had been stabbed in the throat and thorax. The entire team mobilized. He was stabilized and the surgical team did an amazing job. He’s doing well and can move his arm – which had been lifeless – again. That was a small victory!

All the patients in the orthopaedic tent, too, who were there for weeks at a time, face to face, calm and in a pretty relaxed mood, despite their conflicts and differences. They had moved beyond what made them enemies outside. ■

**MSF IN THE CENTRAL AFRICAN REPUBLIC**

The violence that has been sweeping through CAR since early December continues to spread.

Since the conflict escalated on 5 December, MSF has treated over 4,000 wounded in the country.

In total, MSF is providing free medical care to about 400,000 people in CAR, with around 240 international staff and 2070 national staff working across the country.



◉ An MSF team on the way to a hospital in Bangui, the capital of CAR.

**“I had to step between them to prevent the lynching of a patient. The attackers looked at me with hate in their eyes.”**

Images: Chris Huby, MSF



MSF teams provide medical and psychosocial care in and around Nablus in the West Bank.

**“Now I’m always afraid for my daughter when she goes to school.”**

**VIOLENCE AND INTIMIDATION ARE DAILY OCCURRENCES.**

MSF has operated a psycho-medical-social program in Nablus since 2004. The patients who meet with the MSF teams present with post-traumatic stress syndromes and suffer from acute stress, anxiety and depression, which affect their daily lives. The tools that the teams use in therapy are based on conversational, cognitive and behavioral techniques, relaxation, play and drawing. Some illnesses, such as depression and anxiety, require medical treatment as well.

When the session is over, Wissam goes to Jaloud, a small village surrounded by four Israeli settlements. She wants to visit a former patient and her daughter. Um Fawaz is 56, but looks older. She was born and still lives in Jaloud. The settlers make frequent incursions into the village, armed with sticks and, sometimes, guns. They throw stones at residents’ windows, enter houses and threaten residents, frightening them. Violence and intimidation are daily occurrences.

Last May, Um Fawaz’s 13 year-old daughter, Soulafa, was at school when settlers tried to enter the classrooms. Soulafa and the other children were terror-stricken. “Luckily, the teachers locked the school doors and the settlers left after a little while,” Um Fawaz says. “But now I’m always afraid for my daughter when she goes to school.”

After talking for a few minutes, Um Fawaz wants to show Wissam the olive grove below the village. The settlers burned 10 trees a few days ago. They want the Palestinians to leave their houses and land. Um Fawaz will not leave. The price for her decision is living in fear and insecurity every day.

An MSF psychologist (assisted by a doctor and a social worker) treated her for six months, providing her an opportunity to talk about her suffering and learn to cope better with the violence that seems difficult, if not impossible, to escape. Through these sessions, MSF is trying – in spite of everything – to restore an acceptable level of physical and psychological health. ■

**MSF IN NABLUS**

MSF offers medical, psychological and social support to families in the city of Nablus.

370 patients received psychological care in 2013. Patients attend an average of 10 to 15 psychological consultations.

Almost half of MSF’s patients are under 18, and most are suffering from anxiety-related conditions.

MSF has been working in the Occupied Palestinian Territories since 1989.

**ON THE GROUND: OCCUPIED PALESTINIAN TERRITORIES**

**HELPING PEOPLE COPE WITH DAILY LIFE UNDER OCCUPATION**

In the Nablus region of the West Bank, Wissam, an MSF psychologist, assists people whose daily lives have been blighted by stress, anxiety and depression as a result of the occupation and settler violence.



In the village of Salem, near Hebron, Wissam, is meeting with Um Taha for the second time. She is 48. Her husband died five years ago and she lives in Salem with her nine children.

Um Taha’s 28 year-old son was arrested recently by the Israeli army. Troops stormed the house one night, beat Um Taha violently and aimed a gun at her. They also turned the house upside down, destroying everything they found.

Her son was sent to prison for seven years. Since his arrest, Um Taha can no longer sleep, has nightmares and has become depressed. She hopes that talking about her problems with Wissam will help her return to a normal life.

Seventy percent of the population of the West Bank and East-Jerusalem, estimated at 2.6 million, lives in areas under the control of the Israeli army. Approximately 520,000 Israeli settlers have moved there. Palestinians are the victims of the violence and psychological pressure that the settlements have created.



MSF staff psychologist Wissam visits Um Fawaz and her daughter Soulafa in the village of Jaloud.

# HUNDREDS TAKE THE PLUNGE FOR MSF

Doctors Without Borders/Médecins Sans Frontières (MSF) relies on our committed supporters around the world who enable us to remain independent and able to treat the world's most vulnerable people – regardless of who or where they are. In this section we highlight what people in the United Arab Emirates are doing to raise funds to support MSF's medical humanitarian work in more than 70 countries.

More than 700 swimmers took part in the annual swim around Burj Al Arab to raise funds for MSF. The event, in its 13th year, saw record-breaking numbers of swimmers brave the early start to take part in the race around the iconic Dubai landmark. Participants of all ages and from all over the world participated in the 1,600-metre race and the shorter 800-metre swim that took place on 21 February.



Swimmers take to the waves at the start of the race.

## COMPETING FOR A GOOD CAUSE

"I feel fantastic after winning because this is such a great cause and race," said Thomas Dalgarno, 16, a pupil at Jumeirah College from Aberdeen, in Scotland, who won the 1,600-metre event in a time of 23 minutes and 11 seconds.

Gwen Van Beek, 18, a gap-year student from near Eindhoven, in the Netherlands, was the first woman to cross the line after 23 minutes, 47 seconds. "I trained about nine times a week, so I was really well prepared," she said.

Emirati Olympian Obaid Al Jasmi, 32, was not too disappointed that he finished third after a time of 23 minutes, 23 seconds. "For me, it was more of a case of supporting such a good cause," said Mr Al Jasmi, who represented the UAE in the 2004 and 2008 Olympics. "I spoke with my coach before and the plan was just to take it nice and relaxed."

## FUNDRAISERS, VOLUNTEERS AND SUPPORTERS

As well as competing to win the race, participants were encouraged to fundraise, asking their friends, family and broader network to sponsor them for their efforts.

The top male fundraiser, Deepak Tolani, and top female fundraiser, Margaret Price, raised over Dh15,000 between them using fundraising pages on [justgiving.com/msfuae](http://justgiving.com/msfuae).

**"For me, it was a case of supporting such a good cause"**

Their efforts were rewarded with a watch donated by our supporter Brocot.

Over 50 dedicated volunteers were on hand to make sure the event ran smoothly. Regular MSF volunteers and Volunteer in UAE teams helped with the registration process, guiding participants, giving medals to the swimmers at the finish line, and handing out water to ensure participants and supporters remained hydrated.

Chris Perry, general manager of Wild Wadi, which organised the event, said he was delighted at how its popularity had grown over the years. "When we first started we had

about 100 swimmers take part and now we have over 700," he said.

With over 1,000 people on the beach at the event as friends and family gathered to cheer on supporters, it was a spectacular event that was enjoyed by all.

In partnership with the UAE Red Crescent, the event raised over Dh200,000 for MSF.

This was made possible by the costs of the event and prizes being covered by our supporters Wild Wadi, Jumeirah, Talise Spa, Aqua Panna, Lancaster, Speedo, Brocot, Premier Timing, Time Out and Virgin Radio. ■

# SPOTLIGHT ON AN MSF SUPPORTER



Julia Llewellyn took on a phenomenal challenge in aid of MSF when she completed two marathons in two weeks. The teacher based in the United Arab Emirates completed the Dubai Marathon and then just seven days later completed the Muscat marathon in Oman.

If running two marathons was not enough, Julia was also a champion fundraiser. She encouraged friends and family to sponsor her efforts

by setting up a fundraising page on [www.justgiving.com/msfuae](http://www.justgiving.com/msfuae)

This online tool enabled Julia to create an online page that she could send to friends and family all around the world, where they could make a direct payment using a credit or debit card. Their generosity saw Julia raise Dh4,500 for MSF which is enough money to provide emergency health kits for 540 patients. In running terms that meant Julia helped 10 patients with every mile she ran.

## WHAT MADE YOU DECIDE TO RUN TWO MARATHONS?

I have always enjoyed physical challenges and as the two marathons were perfectly positioned one week apart from each other, it seemed like a good way of raising money for a brilliant cause.

## WHY DID YOU WANT TO SUPPORT THE WORK OF MSF?

MSF is a fantastic cause and the humanitarian principles upon which it is built greatly appeal to me.

## DID YOU FIND FUNDRAISING USING JUSTGIVING.COM EASY?

Yes – it is incredibly easy to set up an account and to promote fundraising through Facebook etc

## WERE YOU SURPRISED WITH THE AMOUNT OF MONEY YOU RAISED?

Yes! I have been absolutely amazed by the generosity of people and am so grateful for their support.

## WHAT ADVICE WOULD YOU GIVE TO OTHERS THINKING OF FUNDRAISING FOR MSF?

Go for it! It's incredibly motivating knowing that the challenge you set yourself will benefit such a worthwhile cause. I also found MSF to be incredibly supportive and encouraging, and I was touched that they took the time to send me a letter of thanks after I had completed the challenge.

Justgiving is a fantastic tool for running fundraising online. You simply set up your page and share it with friends and family around the world who can make direct online payments to your efforts. The money is transferred to MSF directly saving you the hassle of collecting money directly from people. To set up a page simply follow the instructions at [www.justgiving.com/msfuae](http://www.justgiving.com/msfuae)

## MAKING THE MOST OF YOUR MILES

Doctors Without Borders/Médecins Sans Frontières (MSF) has partnered with both Airmiles Middle East [www.airmilesme.com](http://www.airmilesme.com) and Etihad Guest [www.etihadguest.com](http://www.etihadguest.com) so that you can use your airmiles to make a difference.

Simply select MSF from the reward options and the miles you choose to donate will be converted into a monetary donation to help support our humanitarian efforts. Every Mile Really Does Count!

## GET INVOLVED

As an independent organization we are proud of all of our fundraisers. Every day people are raising money for MSF and we would love to hear from you. Whether you are hosting a dinner, running a marathon or asking people to donate for your birthday, why not send us your story and photos to [info-msfuae@msf.org](mailto:info-msfuae@msf.org) and tell us what you are doing to raise funds to help medical aid be delivered around the world.

## INFOGRAPHIC: DRUG-RESISTANT TUBERCULOSIS

## THE GLOBAL THREAT OF DRUG-RESISTANT TB



## HELP US STOP A DEADLY EPIDEMIC

Despite efforts to eradicate it, tuberculosis (TB) remains one of the world's deadliest diseases. Now the disease is even more of a threat as strains of TB that are highly resistant to drug treatments are taking hold.

Drug-resistant forms of TB are much harder to cure: standard TB drugs don't work, and doctors must turn to long, arduous, complex and expensive treatment regimens that only cure half the patients at best.

We need governments, pharmaceutical firms and researchers to help deliver new, shorter and more effective treatment combinations – giving people a chance at a cure, a chance at a life.

Sign our petition to radically improve survival rates for drug-resistant TB at [www.msfacecess.org/TBmanifesto](http://www.msfacecess.org/TBmanifesto)



8,000,000

people worldwide fall ill with TB every year.

عدد الأفراد من جميع أنحاء العالم الذين يُصابون بالسل سنوياً.

• A young TB patient at an MSF treatment programme in Tajikistan.

• مريضة بافحة مصابة بداء السل في مركز علاج تابع لمنظمة أطباء بلا حدود في طاجيكستان.



500,000

New cases of multi-drug resistant TB occur every year.

عدد الحالات الجديدة للسل المقاوم للأدوية كل سنة.

\$4,000

The cost of drugs needed to treat one patient with drug-resistant TB.

كلفة الأدوية اللازمة لمعالجة مريض مصاب بالسل المقاوم للأدوية.

10,000

The number of pills it takes to treat one patient with drug-resistant TB.

عدد الأقراص اللازمة لعلاج مريض واحد مصاب بالسل المقاوم للأدوية.

81%

of people with drug-resistant TB don't get the treatment they need.

نسبة المرضى المصابين بالسل المقاوم للأدوية الذين لا يتلقون العلاج اللازم.

48%

Cure rate for people receiving treatment for drug-resistant TB.

نسبة الشفاء للمرضى الذين يتلقون علاج للسل المقاوم للأدوية.

## صورة تفسيرية: داء السل المقاوم للأدوية

## الأزمة العالمية لداء السل المقاوم للأدوية

ساعدنا في الحد من وباء قاتل



على الرغم من كل الجهود المبذولة لاستئصال السل، يبقى هذا الداء الخطير أحد أكثر الأمراض المسببة للوفيات في العالم. وقد أصبح الداء يشكل خطراً متفاقماً جراء ظهور أشكال عديدة من المرض اكتسبت مناعة ضد الأدوية.

يبقى علاج السل المقاوم للأدوية صعباً للغاية، إذ تصبح أدوية السل المعيارية عديمة الجدوى، فيضطر الأطباء اللجوء إلى حميات علاج معقدة ومكلفة وذات آثار جانبية مروعة. ورغم ذلك كله، تؤدي هذه الحميات العلاجية في أحسن الأحوال إلى معالجة نصف المرضى فقط.

إننا بحاجة إلى دفع الحكومات والشركات الصيدلانية ومؤسسات البحوث العلمية على تطوير تركيبات علاج جديدة تتميز بقصر مدتها وقوة فعاليتها، حتى نضمن لجميع المرضى فرصة حقيقية في النجاة والبقاء على قيد الحياة.

وقّع على عريضتنا من أجل تحسين معدلات النجاة من داء السل المقاوم للأدوية: [www.msfacecess.org/TBmanifesto](http://www.msfacecess.org/TBmanifesto)

1,300,000

people die from TB every year.

عدد الوفيات السنوية بسبب داء السل.

MEDECINS SANS FRONTIERES  
أطباء بلا حدود