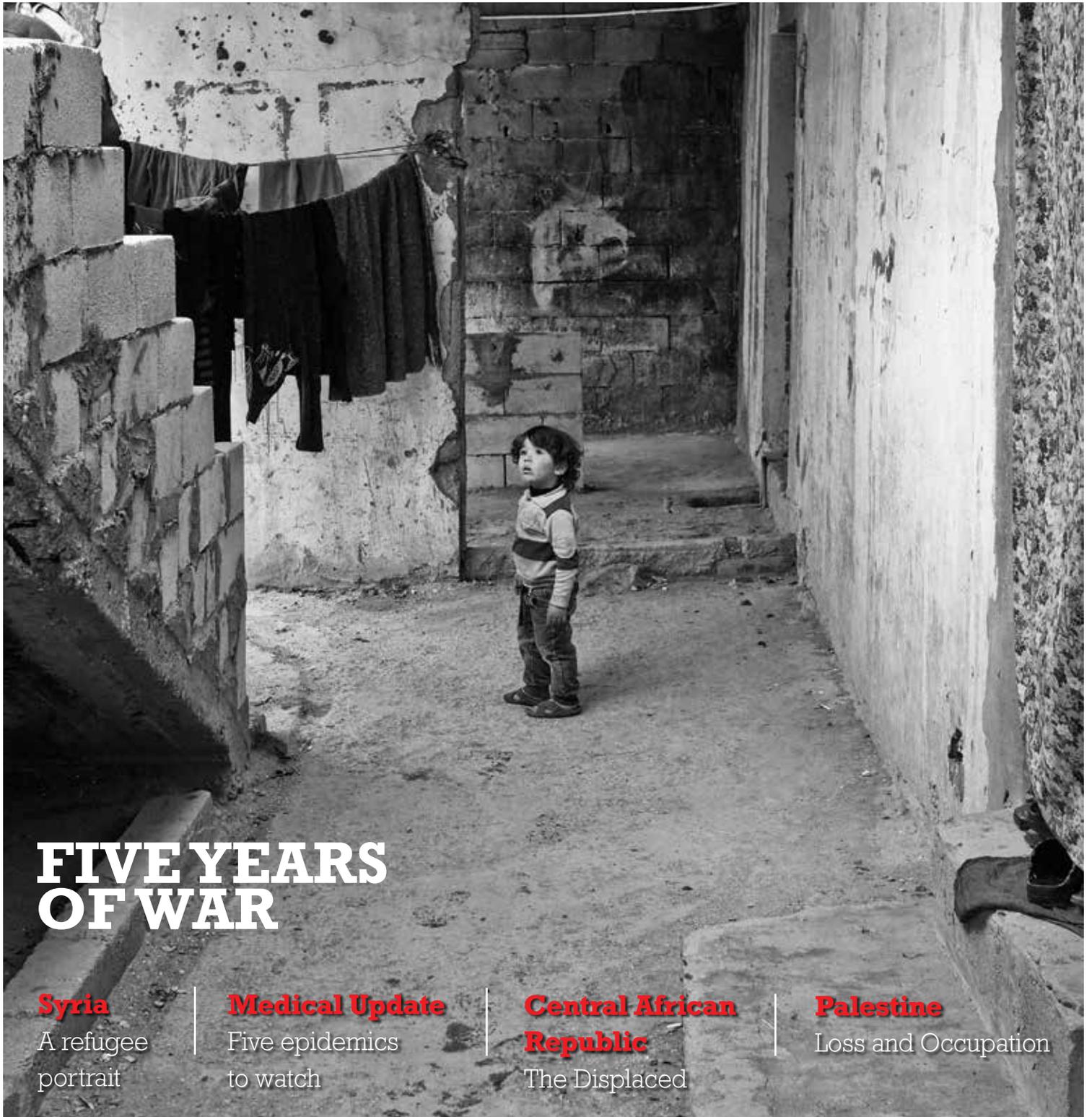


WITHOUT BORDERS

Issue 32 | April – June 2016

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



FIVE YEARS OF WAR

Syria

A refugee portrait

Medical Update

Five epidemics to watch

Central African Republic

The Displaced

Palestine

Loss and Occupation



**MEDICAL CARE
WHERE IT IS
NEEDED MOST.**

**INDEPENDENT.
NEUTRAL.
IMPARTIAL.**



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WELCOME



For five years the Syrian war has raged. It has caused untold suffering and sparked one of the largest refugee outpourings in human history.

Much can be said about the suffering and loss in this war. But we must also recognize stories of bravery, sacrifice and dedication. I am talking now about the medical and support staff working in Syria, Lebanon, Iraq, Turkey and Jordan who are bound by the commitment to help and protect those most in need.

In each and every conflict there are remarkable stories, stories that offer us hope. It is important that we remember these amid the violence and increasingly protracted stalemates. The war in Yemen has passed one year, while South Sudan marks two years of conflict. In each of these contexts it is individuals and their actions that remind us of the tenacity and belief of the human spirit. Something that cannot be captured in statistics or reports.

Throughout history, there have been individuals who have defined the humanitarian spirit. Our first intervention in a major conflict setting was in 1976. During the Lebanese civil war, an Imam, particularly moved by the suffering he witnessed, solicited MSF to help. His is a story worth remembering.

In each of our publications, we highlight the individual accounts of our staff, their work and what motivates them. What unites these people is a commitment to humanitarian action, a desire to see a positive change in the world around them. But as much as we celebrate our staff, we also recognize our patients. Their stories are a source of inspiration for us. They are the reason we do what we do.

I hope these stories will inspire you too.

Thank you for your belief,

Mohamed Bali
Executive Director
Médecins Sans Frontières UAE

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Front cover photograph:

A young Syrian refugee living on the grounds of a former prison now occupied by several Syrian refugee families on the outskirts of the village of Majdal Anjar, in Lebanon's Bekaa Valley. © Moises Saman/Magnum

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

Images: Louise Annaud, Dominic Nahr, Juan Carlos Tomasi, MSF, Charles Habib

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.

GLOBAL

HOSPITALS UNDER ATTACK

Since the beginning of 2015, there have been a significant number of hospitals and medical facilities supported by MSF that have been damaged or destroyed in aerial bombing and shelling attacks. One important question this has raised is: how many attacks have there been? In 2015: 106 aerial bombing and shelling attacks hit 75 MSF hospitals and supported hospitals. In 2016: From the start of the year until 17 February, 10 aerial bombing and shelling attacks have hit seven MSF hospitals, supported hospitals and health facilities. In light of these attacks, MSF once again calls for warring parties the world over to respect international humanitarian law and to protect civilians.



DRC

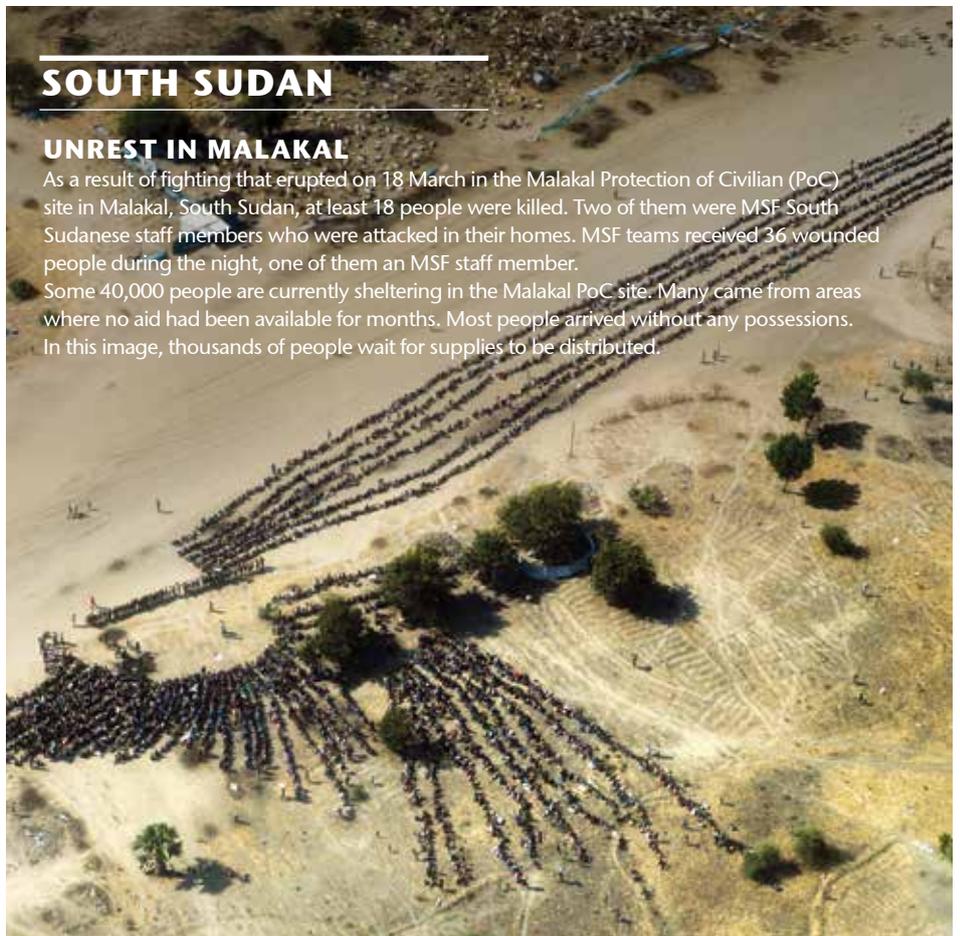
MEASLES AND MALNUTRITION

As the measles epidemic gradually fades in the Tanganyika province of the Democratic Republic of Congo, malaria and malnutrition often form a deadly combination for children. In order to respond to this, MSF continues to support the Manono health zone in managing severe acute malnutrition and paediatric emergencies and is opening a similar project in Kabalo. In Manono General Hospital six medical tents have been set up by MSF. The teams support the paediatric emergency room, where over 80% of patients suffer from malaria. The intensive care unit has been operating at full speed since opening on 19 January 2016, with 1,424 patients already admitted.

SOUTH SUDAN

UNREST IN MALAKAL

As a result of fighting that erupted on 18 March in the Malakal Protection of Civilian (PoC) site in Malakal, South Sudan, at least 18 people were killed. Two of them were MSF South Sudanese staff members who were attacked in their homes. MSF teams received 36 wounded people during the night, one of them an MSF staff member. Some 40,000 people are currently sheltering in the Malakal PoC site. Many came from areas where no aid had been available for months. Most people arrived without any possessions. In this image, thousands of people wait for supplies to be distributed.



TURKEY

NEW CLINIC FOR SYRIAN WOMEN AND CHILDREN

MSF has partnered with Physicians Across Continents to open a jointly-operated clinic that aims to meet some of the health needs of Syrian women and children in Gaziantep, southern Turkey.

Of the estimated 2.5 million Syrian refugees living in Turkey, around 400,000 are in Gaziantep. Of these, half are children under 15 and some 100,000 are women of child-bearing age.

In the clinic run by MSF, women are offered reproductive health services, family planning and gynaecology consultations as well as medical checkups before and after they give birth. For deliveries or more complicated cases, patients are referred to a local Turkish hospital.



EUROPE

GRANDE-SYNTHÉ REFUGEE CAMP

In early March, MSF completed the construction of accommodation for refugees in Grande-Synthe. Prior to this, some 2,500 refugees had either been sleeping rough in the mud and cold, or with tents unsuited to wet winter conditions. The local municipality in Grande-Synthe approached MSF for logistical support in providing humane accommodation and facilities. At the new, Linière camp, refugees will be housed in wooden shelters. Each “neighborhood” will have sanitary facilities with toilets and showers with hot water. While MSF designed the camp, the organization will not manage it, instead simply providing better living conditions.

AFGHANISTAN

SIX MONTHS ON

The third of April 2016 will mark six months since MSF's trauma hospital in Kunduz, Afghanistan was bombed by US-led coalition forces. The attack killed 42 people, including MSF staff and patients. This is the biggest single loss of life of MSF staff and patients since the organisation was founded in 1971. In the wake of this attack, northeastern Afghanistan has been left without the essential services of a major trauma centre. MSF is continuing to advocate for more information and greater transparency from the US and Afghan governments.



NEW TB DRUGS ARE AVAILABLE TO
ONLY 2%
OF THE PEOPLE WHO NEED THEM



GLOBAL

WORLD TB DAY AND ACCESS TO MEDICINE

Each year, world Tuberculosis (TB) day falls on 24 March, with the aim of highlighting the continued prevalence of the disease. TB remains an epidemic in many parts of the world, predominantly in developing nations. Currently TB drugs are only available to 2% of those who need them.

In February, MSF expressed deep concern over the price of a new TB drug, produced by Japanese pharmaceutical company Otsuka. The new drug, Delamanid, is one of only two new drugs to treat TB to be made available in the last half a century, and is effective against the deadliest strains of TB that are resistant to many of the other drugs used to treat TB, including multidrug-resistant and extensively drug-resistant TB. The pharmaceutical company has said it will make the drug available to developing countries at a price of \$1,700 per course of treatment. However, this drug must be taken with other medicines to effectively treat drug-resistant tuberculosis. MSF is advocating for a target Price of \$500 per treatment course.

This campaign is part of MSF's Access Campaign, which aims to ensure that people who need medicine the most have access to it and are able to afford it. The Access Campaign was formed using the proceeds from MSF's Nobel Peace Prize, awarded in 1999. ■

Images: Gabriella Bianchi, Pierre-Yves

AGAINST ALL ODDS: SYRIA AND IRAQ

THE ROAD FROM DAMASCUS

Suar absconded from military service in Syria and made a run for Iraqi Kurdistan, a journey that involved people smugglers, minefields and the loss of his most precious possessions. Now settled in Domiz camp, where he works for MSF as a nurse, Suar is upbeat about the opportunities afforded him by life as a refugee.

◉ Suar and his daughter, Helma



Things in Deraa were getting rough and I didn't like the turn they were taking. As rebel groups started to multiply, soldiers were increasingly

being deployed at dangerous checkpoints; others were being sent to search the houses of suspects, breaking down doors in the middle of the night, regardless of whether or not there were women in the place. They became involved in shameful acts such as theft, looting and harassment. I didn't want any part in this. Armed with a Syrian military pass, and still without civilian identity documents, I made my way to Damascus. I was terrified of being stopped by a rebel group at one of the many checkpoints along the way and being exposed as a soldier. My only hope was not to be asked for my documents at all. So I picked a coach that was full of passengers and prayed for a seat next to the driver. I got my wish. Security officers checking documents assumed I was the driver's assistant and moved on.

In Damascus I found a bus company to arrange for my journey to Syrian Kurdistan. I explained my predicament and the manager arranged for me to travel with other Kurds on a bus that took back roads. The journey took 24 hours. The bus drivers used cell phones to warn each other of dangers along the way and suggest alternative routes. There was a secret hatch I could have hidden inside in an emergency, but we were lucky, and I made it home without incident.

A few days after I arrived home, I got a call from the base telling me that the depot had been broken into, arms had been stolen, and some soldiers had joined the rebels. That was the final straw. Not keen on facing the inevitable investigation, I decided I would make a run for it.

An uncle put me in touch with some people smugglers. On the day I was to leave, there was an incident, and suddenly the security on both sides of the border was raised. I hid with six other people in a house for days, waiting for the turmoil to die down. As far as all the armed parties were concerned, we were serviceable fighters dodging our duty. We were deserters.

Eventually we made a move, first to one village, then another. We paid the equivalent of US\$500 and were escorted through three checkpoints. Then we were told to walk the last mile alone in the dark. Suddenly we were spotted by three gunmen on motorbikes. They called out to us to stop, then started shooting. I threw myself to the ground and waited, as I'd been taught in the army. My friends kept on running and nearly got killed. When the gunfire died down, I scrambled to my feet but forgot to pick up the bag that contained all my most valuable possessions: my degree certificates,

a change of clothes and a cell phone.

We made it to the fortress under Iraqi control. The Iraqis questioned us, took down our details and asked us to wait while they checked with headquarters in Baghdad. But a friendly officer approached and warned us that we risked being deported back to Syria. He advised us to run to the post further on. It was then I remembered my bag. My future depended on the documents I was carrying – I couldn't leave without them. My friend offered to go and find the bag and headed off into a field, only to discover that it was a minefield. We had to call the friendly officer again to come and rescue him.

Eventually we reached the post, still without my bag, and started the registration process. They called someone at the fortress who agreed to go and rescue the bag for me – at a price. I had to bargain hard, but in the end I got my precious belongings back.

Later that day I crossed into Iraqi Kurdistan. My clothes were in tatters, the cuts and bruises I had suffered took two months to heal, but I was safe and alive.

When I first arrived at Domiz camp, there were fewer than 100 tents. By then my family had also joined me, and Domiz was the obvious place to apply for refugee status. I started asking around for work and, by chance, three weeks later, I bumped into an MSF international staff member who spoke Arabic. I brought my documents to the interview and was hired on the spot thanks to my medical background.

But my parents were still not happy with me. They kept on nagging at me to marry. In the past I had always refused, on account of my studies, and now I was busy with work

and starting a new life, I didn't want to think about taking a wife. And yet my parents were relentless. Shortly after, my father announced that I was officially engaged to the daughter of our neighbours. It was the best thing that ever happened to me.

Now we have a child and have moved into our own tent. Life in the camp isn't always easy; we have power cuts six hours a day and there is a lot of dust, but we have work inside and outside the camp, we have dignity.

I am thankful for everything that happened to me, but mostly that I married a good woman and that I have a great job. But suddenly everything, all our painfully reconstructed life, started to unravel.

My daughter Helma, who is now eight months old, has developed health problems. I am a specialist resuscitation nurse – I can tell when something is seriously wrong. She has been having seizures, but it's not clear why, and none of the treatment has worked. As her father, I must find her the best medical care.

If I had a passport, I would leave immediately and take her to the best hospital in Germany, where I know my daughter would get the right treatment. But I am refugee, without a passport. I am trapped and I can go nowhere. My wife doesn't have a passport either – in fact, like many Syrian Kurds, she doesn't even have a Syrian ID card.

I don't want to travel illegally with my daughter – it would be too dangerous for such a sick child. I've done it myself, so I know how dangerous it can be to cross borders illegally. The only route possible is to apply through the UN for medical treatment abroad, but it takes time and there are many other refugees in the same situation as us. ■



© Domiz Refugee Camp

MEDICAL UPDATE

Image: Leonora Baumann, Anna Surinyach

FACING THREATS: GLOBAL

FIVE EPIDEMICS TO WATCH IN 2016

Médecins Sans Frontières/Doctors Without Borders (MSF) is particularly concerned about five diseases that have the potential to become epidemics in 2016.



Without proper investment in preventing and responding to outbreaks of cholera, malaria, measles, meningitis and a group of often-overlooked diseases

spread by viruses and parasites, they are likely to pose an increasing threat to people's health in the year ahead and in the future.

CHOLERA

Cholera is a water-borne, gastrointestinal infection that causes acute diarrhoea and vomiting, which can lead to severe dehydration and death within hours if left untreated.

In 2014, we treated 46,900 people for cholera in 16 outbreaks affecting six countries (Cameroon, Democratic Republic of Congo (DRC), Haiti, Niger, Nigeria and South Sudan).

THE FACTS:

- There are only two World Health Organisation (WHO) pre-qualified vaccines available. The most adapted vaccine for outbreak response is produced by an Indian company that has no capacity to scale-up production to cover worldwide needs. The majority of doses are available only through the stockpile system established by the WHO, whereby stockpiles are created with partner organisations to respond to outbreaks. There is a need to scale-up production and for more options to be validated by the WHO.
- Currently a strategy of giving patients two doses is recommended. According to researchers, a single-dose strategy may prevent more cases than a two-dose strategy that is given to half as many people. MSF would like to see more flexibility on the allocation of vaccines and support from the WHO for this strategy.



• Kamalondo, 21 months, who suffers from severe measles, with related pneumonia and angina is admitted to the general reference hospital in Katanga, DRC.

MALARIA

Malaria is transmitted by infected mosquitoes. Severe malaria can lead to organ damage and death if left untreated.

In 2014, we provided treatment to 2,114,900 patients affected by malaria, and gave seasonal malaria chemoprevention (SMC) to more than 750,000 children below the age of five.

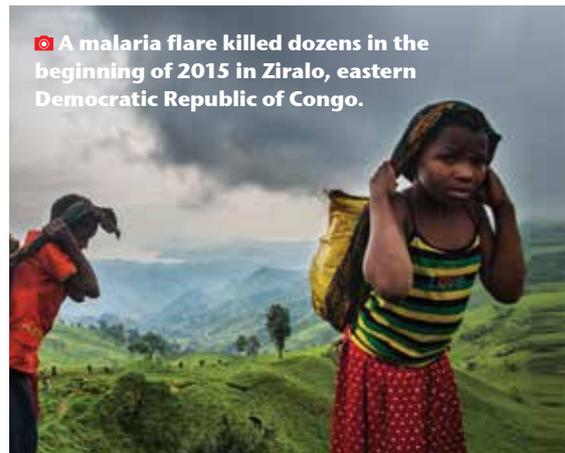
MSF ASKS FOR:

- An increase in the availability of injectable artesunate for the treatment of severe malaria, and an increase in blood transfusion capacity.
- An adaptation of the vector control tools

(malaria preventative measures), according to emerging trends.

- A reinforcement in malaria surveillance and a clear definition of the outbreak threshold per country, per region and per district to improve alert mechanisms.
- The WHO to provide better guidance for the use of preventative strategies, such as seasonal malaria chemoprevention, mass drug administration, intermittent preventive treatment and focused screening and treatment for outbreaks.
- Free malaria treatment during outbreaks or seasonal peaks to be guaranteed.

📍 A malaria flare killed dozens in the beginning of 2015 in Ziralo, eastern Democratic Republic of Congo.



“In 2014, we treated 33,700 patients for measles and vaccinated 1,513,700 people in response to outbreaks.”

MEASLES

Measles is a highly contagious viral disease, for which there is no specific treatment. In high-income countries, most people infected with measles recover within two to three weeks, and mortality rates are low.

In developing countries however, the mortality rate can be three to 15 per cent, rising to 20 per cent during outbreaks and in areas where people are more vulnerable.

In 2014, we treated 33,700 patients for measles and vaccinated 1,513,700 people in response to outbreaks.

MSF SAYS:

- Patients should be treated for free during a measles outbreak (including for associated pathologies, such as malaria).
- There is a need for greater involvement of emergency actors and the Ministry of Health in the provision of case management.
- Long-term vaccination campaigns should support, not block, epidemic response
- Better surveillance and early declaration of outbreaks is necessary.
- The response needs to be adapted to each outbreak, as having one strategy for all is not working.

MENINGITIS

Meningitis is the inflammation of the thin membranes surrounding the brain and the spinal cord. It is most often caused by infection – bacterial, viral or fungal.

Meningitis occurs throughout the world, but the majority of infections and deaths are in Africa, particularly across the ‘meningitis belt’,

an east–west geographical strip that runs from Ethiopia to Senegal.

In 2014, we vaccinated 75,100 people against meningitis in response to outbreaks.

MSF ASKS FOR:

- Greater focus on the medical criteria for outbreak control.
- A diversification of manufacturing and procurement channels to ensure a rapid response when an outbreak occurs.
- The WHO to push/accept/promote alternative strategies to vaccination to protect individuals and limit outbreaks (e.g. mass distribution of antibiotics).

NEGLECTED DISEASES

Outbreaks of dengue, Chikungunya, Zika, Middle East Respiratory Syndrome (MERS) and haemorrhagic fevers have all been reported in 2015. Parasitic infections such as visceral leishmaniasis (kala azar) that were under control are now on the rise again.

In 2014, we treated 4,700 Ebola confirmed patients, 1,700 patients for chikungunya and 9,500 patients for kala azar. This included a response to an outbreak in South Sudan.

MSF ASKS FOR:

- An identification and declaration of outbreaks in order to speed up vector control measures.
- Capacity building and training for better identification of diseases, case management and infection control.
- A step-up in health education to better inform populations at risk what to do if infected.
- Research and development for diagnostics, vaccines and treatments. ■



EMERGENCY UPDATE

Images: Luca Sola



• A displaced persons camp in Fateb, Bangui.

INTERNALLY DISPLACED: **CENTRAL AFRICAN REPUBLIC**

NO HOPE OF RETURNING HOME **ANYTIME SOON**

Renewed outbreaks of inter-communal violence since September have kept the population in Central African Republic (CAR) on edge, with many fearing a flare-up of tension. The worsening security situation has also crushed hopes for the 450,000 internally displaced people – and a similar number of refugees who have fled to neighbouring countries – of returning home anytime soon. This civil war began in 2012 and there has been much brutal sectarian violence, but the nation has known unrest for many years.



“During the day, many people return to the neighbourhood where they lived, but they are too afraid to stay there at night so they sleep here in the camps.”

daughter make an appointment at the MSF hospital in the camp.

In the Benzvi camp, located in a part of Bangui which has seen relatively less violence, some 2,000 people have sought refuge. Many of them have had to flee their homes with little or no belongings, and are sleeping in makeshift tents or out in the open. In order to have something to eat, many rely on small plots of land to grow crops.

MSF comes to Benzvi twice a week to deliver medical care. On an average day, MSF sees around 150 patients, mostly seeking care for diseases such as malaria, respiratory infections and diarrhoea – many of which are a result of the deplorable conditions in the camp. In order to ensure camp residents have access to safe drinking water, MSF runs in collaboration with partner organisations a water pumping and purifying station which delivers purified water to Benzvi and other camps in case the city water supply breaks down.

Ethna and Nadege have been living in Benzvi after their homes in the PK5 district were attacked by armed groups. They have been friends for years, and are both single mothers with several children to feed. Their children have fallen ill with malaria several times since they moved to Benzvi but have received free treatment from MSF’s mobile clinic. To survive, Ethna and Nadege bake cakes and sell them on the street: “We only have enough food for

ourselves and our children for one meal a day” says Ethna.

“During the day, many people return to the neighbourhood where they lived, but they are too afraid to stay there at night so they sleep here in the camps” says Reims Pali, who works as Assistant Field Coordinator for MSF. Being of Central African Republic origin, he has witnessed the situation in the country descend further into chaos in the last two years: “In comparison to the abuses, killings, robberies and lootings that the people have witnessed in their neighborhoods, they feel relatively safe here. But the living conditions in the sites are very difficult. They live in tents built of waste tarpaulins that are full of holes. They sleep on mats on the ground and are exposed to mosquitoes which may carry malaria. Unless the security situation gets better, they will have to stay here in these camps” he adds.

Operating in CAR since 1996, MSF now has over 300 international and more than 2,000 Central African staff deployed in the country. In addition to its activities in Bangui (from mobile clinics for IDPs, emergency surgery at Hospital General to maternity care at Castor Maternity Centre), the organisation runs activities in 15 locations across the country, and also provides assistance to Central African refugees in neighbouring countries Chad, Cameroon and Democratic Republic of Congo. ■



In the capital Bangui, over 30,000 people have taken refuge in overcrowded, unsanitary makeshift camps across town, or in churches

and schools. To enable access to free quality health care for this vulnerable population, MSF is providing health care and running mobile clinics in five camps around Bangui. MSF also runs a hospital and a maternity clinic in Mpoko, and provides medical care once a week in the central mosque in the Muslim enclave of PK5.

Many people in the camps have witnessed shocking scenes of violence and have had their homes pillaged and looted. Lucienne, a woman in her forties, fled her home two years ago when four of her neighbours were killed during an outbreak of violence. Since then, she has been seeking safety in Mpoko together with her family. “Life is too difficult in the camp. It’s unsafe, dirty and the flies are everywhere” she says, as she helps her sick



• People wait to be seen at a Médecins Sans Frontières (MSF) clinic in a displaced persons camp in Fateb, Bangui.

PSYCHOLOGICAL TRAUMA: PALESTINE

DEALING WITH LOSS UNDER OCCUPATION

MSF has been working in Palestine since 1989, and running a mental health centre in Nablus for the last 10 years. Below is a piece from MSF's Occupied Minds series, which documents the trials, tragedies and successes of our patients in Palestine. This piece illustrates both the struggle of one family in Palestine, and the perspective of an MSF mental health referent on the impact of loss on this family and how psychological support can help.

Annas was 23 years old and the fourth in a family of eight siblings living in Hebron city in the West Bank. He was the manager of the family's shoe business and responsible for looking after their income. He also worked selling trainers to tourists in the family's shop in Jericho. On 7 November 2013 he was killed by an Israeli soldier while crossing a checkpoint by car.

Annas and his brother, Ismail, used to travel weekly to manage the family's shops, located in different cities around the West Bank. They needed to cross Israeli checkpoints constantly. This had never been a big fear for them despite all the time spent and the persistent annoyance caused by the soldiers with their inspections each time they crossed the checkpoints. But one Thursday in November 2013, everything changed. As usual, he and Ismail were returning home after spending part of the working week at the family's shops in Jericho and Jenin. Annas was really exhausted due to a sorrowful start to the week. Three days earlier, the family had buried his cousin who had died suddenly of an unexpected health problem. The already painful week was also marked by a lack of sleep and more trips around the West Bank than usual.

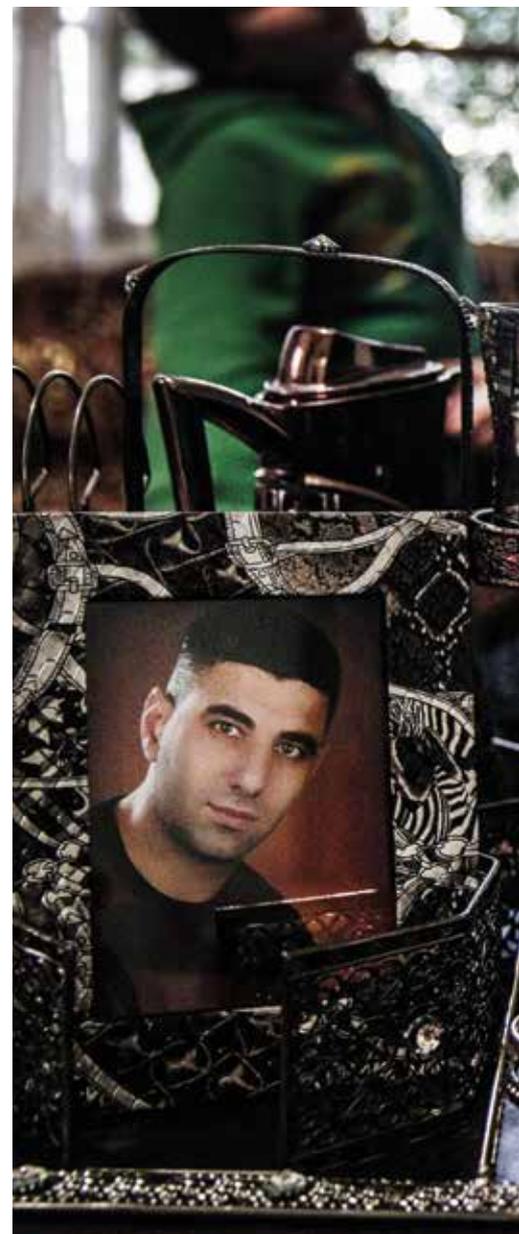
Annas was sleeping so deeply in the passenger seat, with his feet up on the dashboard, that he could not even hear his phone ringing in

his pocket. When the car reached the Eizariea checkpoint container, the car passed over a bump and Annas woke up. When the car stopped at the checkpoint he got out of the car to stretch. This gesture was the catalyst for a soldier to shoot him. He died instantly.

Already struggling to come to terms with Annas' death, his father suffered a heart attack in the months that followed and he required delicate and complex heart surgery. This sequence of events caused their financial situation to change drastically in a short time, none of the family were in the state of mind to work on their business. They also lost their permission to move from the West Bank to Israel. The Al Atrash family are still struggling to accept the loss of their son and brother.

ANALYSIS OF THE AL ATRASH FAMILY BY ÖZNUR ACICBE, MSF MENTAL HEALTH REFERENT IN HEBRON

After our psychosocial workers visited the family, five members were referred for psychological support: the mother, the father, two sisters and one brother. Based on the psychologist's assessment, it was decided to provide them with a family intervention approach. Their loss has had a tremendous effect on all the family members and on the



dynamic within the family. Depending on the role of the missing member, the family may become unbalanced and, in addition to individual grief reactions, may not function in terms of helping to support each other. It might also be difficult to understand each other's different reactions to the loss. In the Al Atrash family, the mother was mainly feeling depressed and anxious. She was not able to bond with the rest of the family and was quite isolated, which had an effect on the other family members. For instance, the 8-year-old daughter could not feel safe and protected,

and showed symptoms of anxiety. She didn't want to leave the mother's side at any time. The 10-year-old son had psychosomatic symptoms, characterised mainly by stomach ache, as there was no space for him to express his emotions in a family environment where the mother, the father and the older brother were already showing severe depressive reactions.

After providing individual support and psychiatric treatment to the members with severe depressive symptoms, one of the main objectives of the therapy was to create a space for

the family members where they could share their emotions with each other. These sessions were complemented with psycho-education regarding grief reactions and individual differences related to grief. Another objective was to understand their existing coping mechanisms, functional and non-functional, as well as to support the family in order to reactivate these, and provide them with new ones where necessary. The parents were also empowered to return to their parental roles, which helped the children to cope with their difficulties. The family had 13 sessions, culminating with a strategy for processing their loss and being able to bond with each other again. And also for being able to feel some pleasure in their lives, without undermining the sadness and longing they feel when remembering Annas. ■

The Al Atrash family have given consent for their story to be shared.

“Their loss has had a tremendous effect on all the family members and on the dynamic within the family.”



• The house of the Al Atrash family is full of pictures of their son. “The photos make us comfortable, you know, you feel that he is with you,” explains Foad Irfae Aref Al Atrash, the father of Annas Al Atrash.

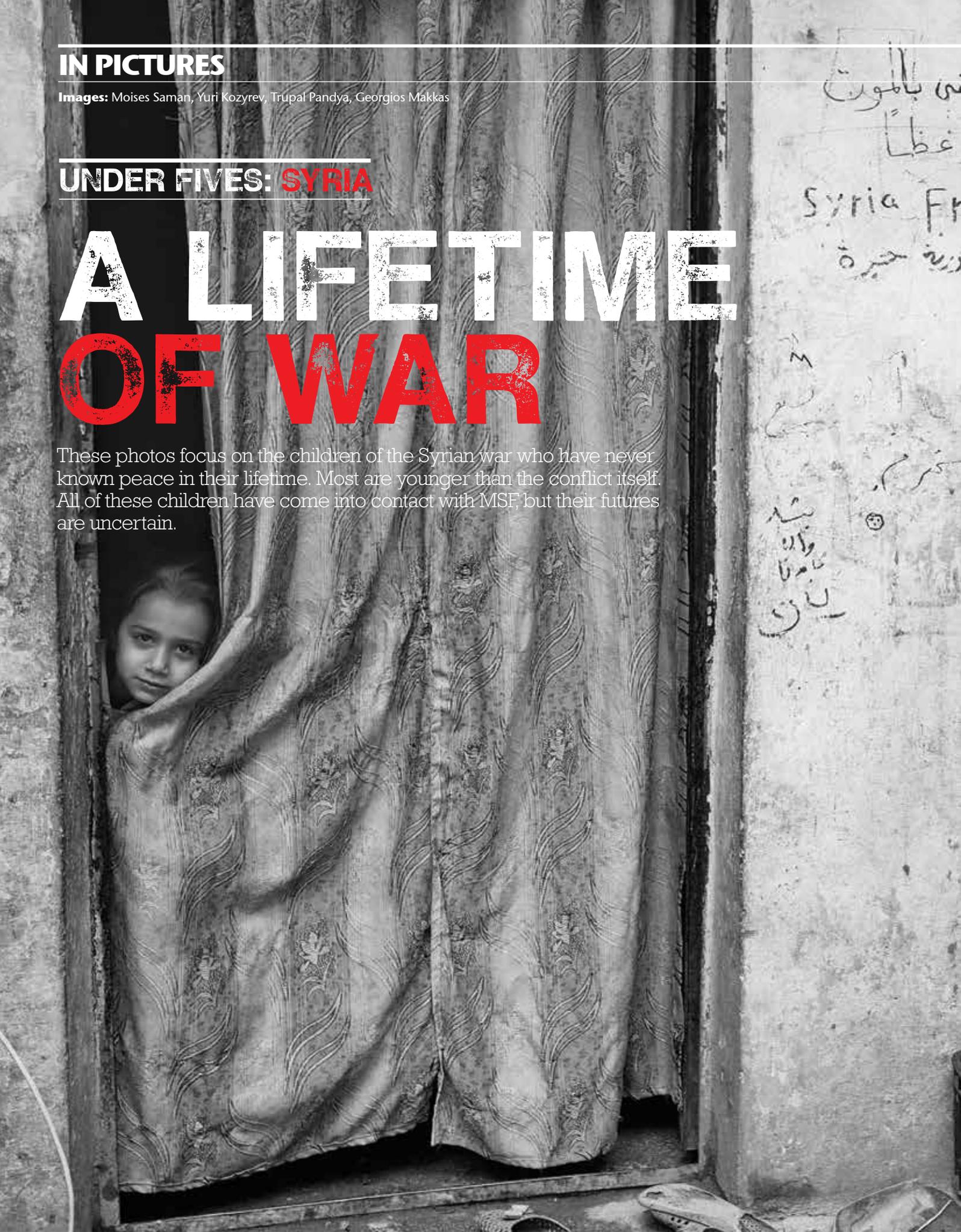
IN PICTURES

Images: Moises Saman, Yuri Kozyrev, Trupal Pandya, Georgios Makkas

UNDER FIVES: SYRIA

A LIFETIME OF WAR

These photos focus on the children of the Syrian war who have never known peace in their lifetime. Most are younger than the conflict itself. All of these children have come into contact with MSF, but their futures are uncertain.



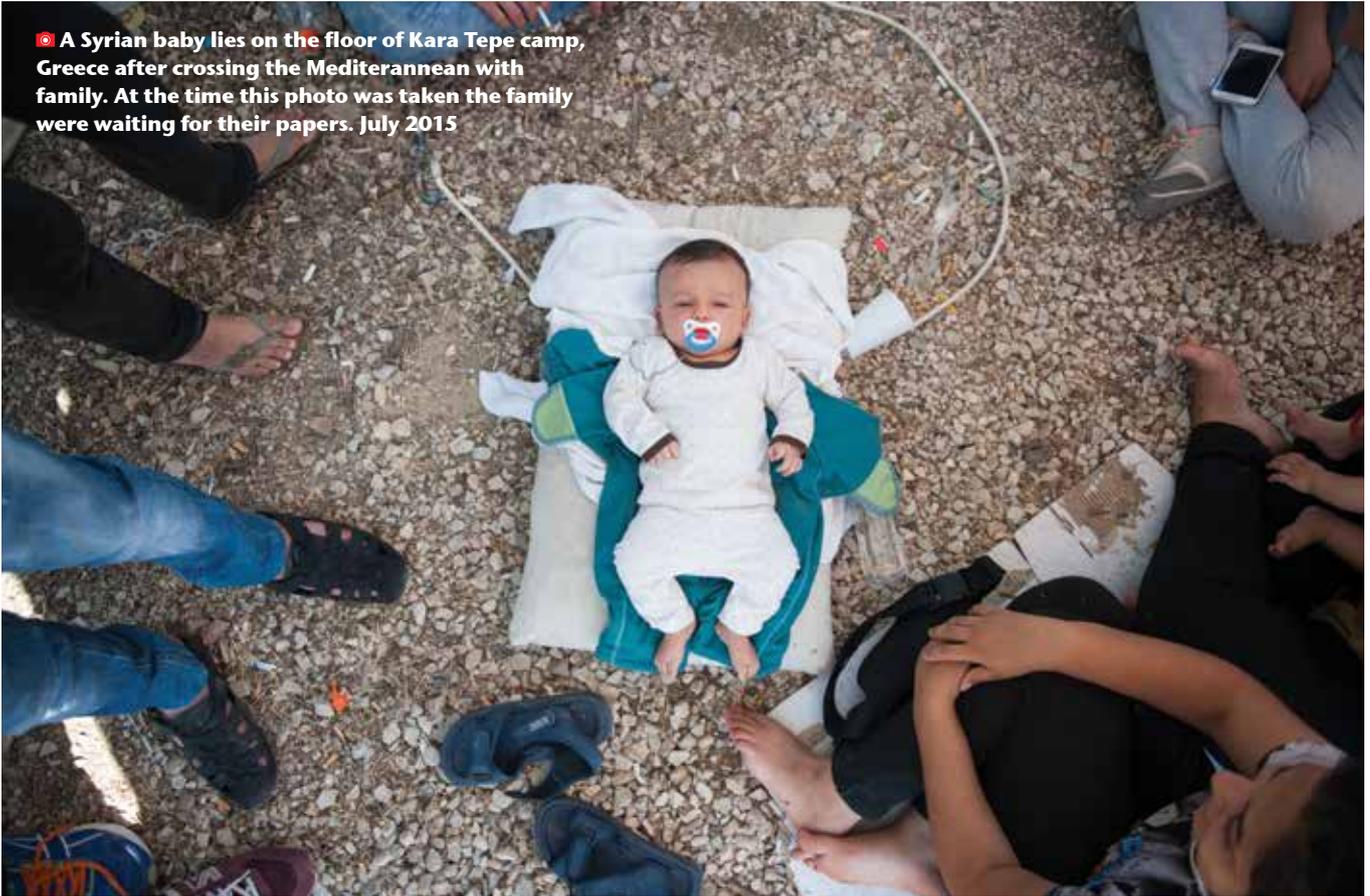


© Syrian refugees living on the grounds of a former prison on the outskirts of the village of Majdal Anjar, in Lebanon's Bekaa Valley.

IN PICTURES

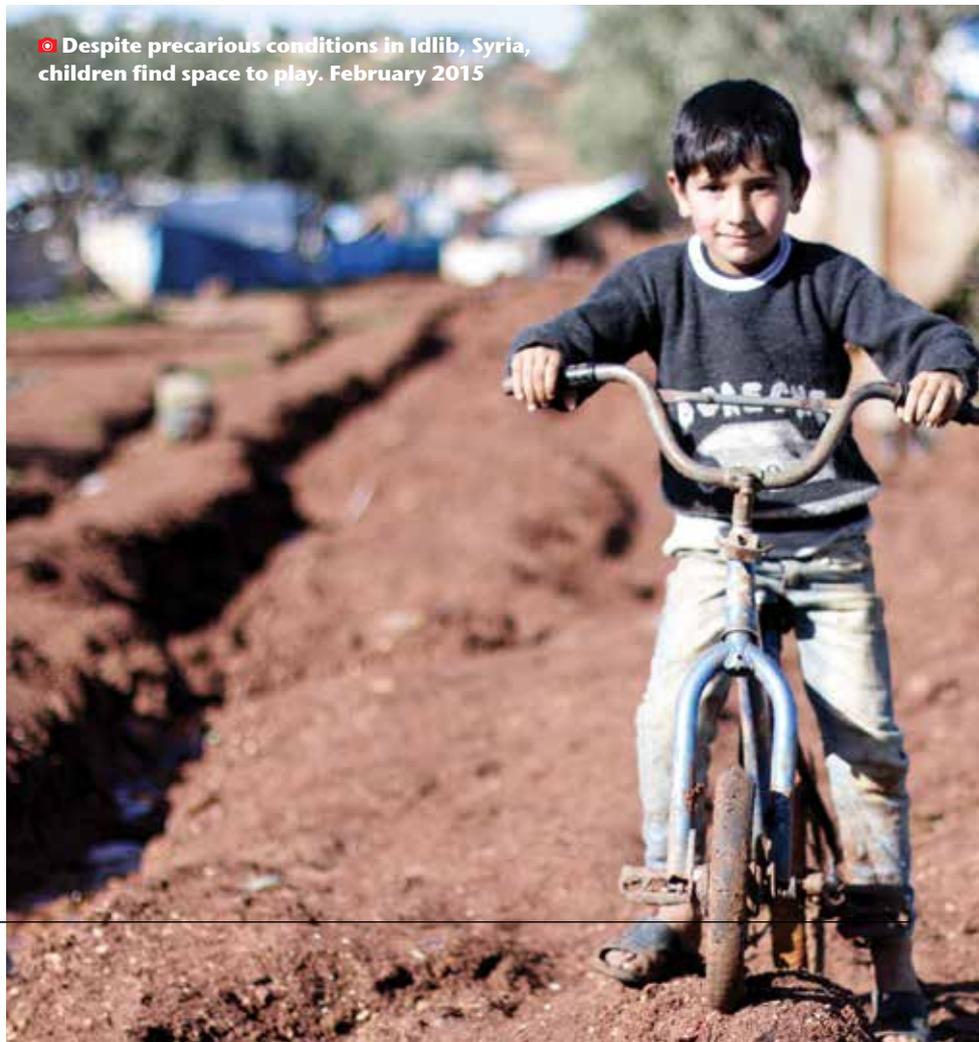
Images: Manu Brabo, Julie Remy, Amnon Gutman

◉ A Syrian baby lies on the floor of Kara Tepe camp, Greece after crossing the Mediterranean with family. At the time this photo was taken the family were waiting for their papers. July 2015



These photographs have been taken at various points during the Syrian war, in a number of MSF projects. Despite fleeing from violence and living in difficult conditions, these children continue to smile, make new friends and play. ■

◉ Despite precarious conditions in Idlib, Syria, children find space to play. February 2015





© Children play in Domiz refugee camp, Iraq, January 2016



© Domiz Refugee Camp was established by local authorities back in April 2012 to host Syrian refugees. Dohuk Governorate is home to around 100,000 (registered) Syrian refugees.

PULL-OUT

Image: Rawan Shaif

TIMELINE

A HISTORY OF INTERVENTION

This year marks 40 years of MSF responding to armed conflict. As the contexts have shifted, MSF has adapted. However, our core objectives have not changed: to provide access to health care, to save lives and to alleviate suffering wherever possible. We remain independent, neutral and impartial and committed to advocating on behalf of those without a voice. This timeline offers a selection of milestones of MSF's interventions in conflict zones over the years.

رسم توضيحي

تاريخ التدخلات

يمر هذا العام 40 عاماً على بدء منظمة أطباء بلا حدود استجابتها للنزاعات المسلحة. وقد نجحت المنظمة في تعديل أسلوب عملها في ظل تغير سياقات العمل. لكن أهدافنا الجوهرية لم تتغير، ألا وهي توفير الرعاية الصحية لإنقاذ حياة الناس والتخفيف من معاناتهم كلما أمكن ذلك. ونبقى في عملنا مستقلين حياديين غير متحيزين وملتزم بإيصال صوت الضعفاء للعلن. ويقدم هذا الجدول الزمني مجموعة من محطات تدخل منظمة أطباء بلا حدود في مناطق النزاع على مر السنين.



Following the Soviet Union's invasion of Afghanistan, MSF entered the country clandestinely via the Pakistani-Afghan border, travelling by mule for several weeks to reach injured people in remote areas.

عقب الغزو السوفييتي لأفغانستان دخلت منظمة أطباء بلا حدود البلاد سراً عبر الحدود الباكستانية الأفغانية حيث سافرت الفرق لأسابيع على ظهور البغال للوصول إلى الجرحى في المناطق النائية.

1980

Afghanistan

أفغانستان

The civil war in Somalia would prove a challenging context for MSF to operate in. After 22 years in the country MSF withdrew in 2013 following a series of threats, kidnappings, murders and violent attacks on staff.

ستتبت الحرب الأهلية في الصومال لاحقاً بأنها سياق مليء بالتحديات بالنسبة لعمليات منظمة أطباء بلا حدود. فبعد عملها على مدى 22 عاماً قررت المنظمة الانسحاب عام 2013 عقب سلسلة من التهديدات وعمليات الخطف والقتل والعنف ضد طواقمها.

1991

Somalia

الصومال

1985

Honduras

هندوراس



1970 **1980**

1990

1989 – MSF OPENS FIRST MEDICAL HEALTH PROGRAMMES

1976

Lebanon

لبنان

Médecins Sans Frontières (MSF) began working in Lebanon in 1976 in response to the Lebanese Civil War, sending medical teams to the south of the country and Beirut. This was MSF's first response to a conflict setting.

بدأت منظمة أطباء بلا حدود العمل في لبنان سنة 1976 استجابةً للحرب الأهلية حيث أرسلت فرقاً طبية إلى جنوب البلاد وإلى بيروت. وكانت تلك المرة الأولى التي تستجيب فيها المنظمة في منطقة نزاع.

1985

Ethiopia

إثيوبيا

1988

Iraqi Kurdistan

كردستان العراق

1991

Iraqi Kurdistan

كردستان العراق

1990

Liberia

ليبيريا

1992

Angola

أنغولا

1992

Afghanistan

أفغانستان



Images: Moises Saman, Yuri Kozyrev, Zouhair Saadeh, MSF, Petterik Wiggers, René Caravielhe, Remco Bohle, Geert van Kesteren, Christina Jung, Yuri Kozyrev, Nick Owen, Juan Carlos Tomasi



1994

Rwanda

رواندا

The conflict and genocide in Rwanda remains the one and only time in MSF's history that the organisation has called on the international community for military intervention.

شكل العنف والإبادة في رواندا والحالة الوحيدة فقط في تاريخ المنظمة التي دعت فيها المجتمع الدولي إلى تدخل عسكري.

TAL

1998 – MSF ADAPTS ITS EMERGENCY RESPONSE PROTOCOLS TO INTEGRATE TREATMENT FOR VICTIMS OF SEXUAL VIOLENCE

منظمة أطباء بلا حدود بروتوكولات استجابتها الطارئة وتدرج فيها علاج ضحايا العنف الجنسي.

منظمة أطباء بلا حدود تفوز بجائزة نوبل للسلام

1999 – MSF WINS NOBEL PEACE PRIZE

1993

Bosnia and Herzegovina

البوسنة والهرسك

After responding to the war in Bosnia and Herzegovina in 1993, MSF witnessed the fall of the UN 'protected zone', and denounced the subsequent massacre of up to 10,000 civilians by Serbian troops in 1995.

بعد استجابتها للحرب في البوسنة والهرسك عام 1993، شهدت المنظمة سقوط المنطقة المحمية التابعة للأمم المتحدة ونددت بالمجزرة التي تبعتها والتي راح ضحيتها ما يصل إلى 10 آلاف مدني على يد القوات الصربية في العام 1995.



1993

Burundi

بوروندي

1995

Chechnya

الشيشان

In 1998, during the conflict in Republic of Congo, violence against civilians was widespread. MSF teams were faced with staggering medical and nutritional needs. Rape and sexual violence were so common that MSF adapted its emergency response protocols to integrate treatment for survivors.

في عام 1998 خلال النزاع في برازافيل في جمهورية الكونغو انتشر العنف ضد المدنيين، وواجهت فرق أطباء بلا حدود حالة طارئة صاعقة على المستوى الطبي والغذائي. وقد بلغ الاغتصاب والعنف الجنسي مستوى من الانتشار دفع بالمنظمة إلى تعديل بروتوكولات الطوارئ وإدراج علاج للناجين.



PULL-OUT

Image: Rawan Shaif

When the US-led coalition invaded Iraq, MSF challenged the US government on its inability to provide adequate health care or access to healthcare for civilians.

حين غزا التحالف الذي تقوده الولايات المتحدة العراق واجهت منظمة أطباء بلا حدود الولايات المتحدة بشأن عدم قدرتها على توفير رعاية طبية مناسبة وكافية للمدنيين.

2003

Iraq

العراق

2009

Palestine

فلسطين

2001

Afghanistan

أفغانستان

2009

Sudan

السودان



2000

2006 – MSF FOUNDS A WAR SURGERY HOSPITAL IN AMMAN, JORDAN. THE FIRST OF ITS KIND, THIS HOSPITAL TREATS PATIENTS FROM ACROSS THE REGION

أسست منظمة أطباء بلا حدود مستشفى جراحياً لعلاج ضحايا الحرب في العاصمة الأردنية عمان عام 2006. وقد جاء هذا المستوى الذي يعد الأول من نوعه استجابةً للحرب

2005

Haiti

هايتي

2006

Sri Lanka

سريلانكا

2007

Yemen

اليمن

2008

Pakistan

باكستان

2000

Sierra Leone

سيراليون



After highlighting the severity of the Sa'ada War in Yemen for the regional and international media in 2009 MSF faced a ban on working in the country and subsequently altered its approach, prioritising the population's access to healthcare and the cooperation of those inside Yemen, over speaking out.

سلطت منظمة أطباء بلا حدود الضوء في الإعلام الإقليمي والدولي على وحالة الحرب في محافظة صعدة في اليمن عام 2009 وواجهت الحرمان من العمل في البلاد، ثم قامت بتعديل مقاربتها لتضع أولوية تأمين الرعاية الطبية للسكان في اليمن فوق التحدث للعلن عما يحصل.

MSF first intervened in the current Syrian conflict in 2011, but due to kidnappings and extreme danger to staff inside Syria, MSF now supports medical structures inside the country and works directly with Syrian refugees in the surrounding region.

بدأت منظمة أطباء بلا حدود تدخلها في إطار النزاع السوري الراهن عام 2011 لكن نظراً لاختطاف طواقمها في سوريا والأخطار الهائلة المحدقة بهم فإن المنظمة تدعم اليوم مرافق طبية داخل سوريا وتعمل مباشرة مع اللاجئين السوريين في البلدان المجاورة.



'Operation Protective Edge' was launched by the Israeli military in the Gaza Strip on July 8. It resulted in massive tolls on the civilian population and infrastructure. MSF's work in Palestine includes surgery, reconstructive surgery and psychological care.

بدأ الجيش الإسرائيلي الحرب على غزة (في عملية الجرف الصامد كما أسماها) في الثامن من يوليو وقد خلفت تلك الحرب دماراً هائلاً طال المدنيين والبنى التحتية. ويتضمن عمل منظمة أطباء بلا حدود في فلسطين الجراحة، بما فيها الجراحة التقيوية، وكذلك الرعاية النفسية.

2011

Syria

سوريا

2014

Ukraine

أوكرانيا

2014

Palestine

فلسطين

2010

2015 – MSF TRAUMA HOSPITAL IN KUNDUZ IS BOMBED

قصف مستشفى الإصابات البالغة التابع لمنظمة أطباء بلا حدود في قندوز، في أفغانستان.

2011

Libya

ليبيا

2013

Central African Republic

جمهورية أفريقيا الوسطى

2013

South Sudan

جنوب السودان



Following secession from Sudan, South Sudan was soon embroiled in a brutal civil war. Medical facilities and civilian protection zones have frequently come under attack. MSF has been forced to evacuate and then re-establish projects in South Sudan more than once.

انفصلت جنوب السودان عن السودان ثم سرعان ما دخلت في حرب أهلية طاحنة تعرضت خلالها المرافق الطبية ومناطق حماية المدنيين للهجوم بصورة متكررة، وأجبرت منظمة أطباء بلا حدود على إجلاء طواقمها ثم إعادة تأسيس مشاريع في جنوب السودان أكثر من مرة.