



TACKLING MALNUTRITION MORE THAN GIVING FOOD

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In the Bambasi camp for Sudanese refugees, Ethiopia, MSF vaccinated children against measles and opened a malnourished treatment centre.
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MSF has been in the UAE since 1992 under the patronage of His Excellency Sheikh Nahyan Bin Mubarak Al Nahyan.

MSF in numbers

Our impact on the ground¹

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

Our human resources²

Over 31,000 field staff
92% are national employees hired locally
8% are international staff

Our financial efficiency²

899 million euros spent (nearly \$1.1 billion)
82% spent directly on medical assistance
89% of funding comes from private donations

¹ Figures from 2012

² Figures from 2011. Figures from 2012 will be available in the upcoming *International Activity Report*

Malnutrition

A devastating condition that we can fight

Why should we be worried about malnutrition when we are in the midst of a series of humanitarian crises? Why have we chosen to highlight malnutrition in this edition of *Without Borders*? It's because malnutrition is a silent condition affecting millions of children around the world as well as their mothers and pregnant women. There are millions of malnourished children around the world, but too often we look away, preferring our picture of children as joyful, laughing and playing cheerfully. We need to care, because with the right attention, malnutrition can be addressed.

Malnutrition does not only mean hunger. It is also a shortage of basic nutrients, including fats, vitamins and proteins often resulting in developmental issues, low energy levels, and weakened immunity. Weakened immune systems leave children, especially those under the age of five, vulnerable to the full effects of diseases such as malaria, measles, pneumonia and tuberculosis.

There is a misconception that malnutrition is seasonal or only affects people in remote countries. High prices, droughts and wars can all cause food shortages. People living in such conditions might adapt to the shortage by reducing the number of daily meals, often down to as little as one meal per day.

Whatever the cause, treating malnutrition is relatively simple when ready-to-use therapeutic foods are available. Ready-to-use foods are formulated in a peanut-milk paste and provide all of the nutrients which children need to gain weight.

We need to ask ourselves: should we leave malnourished children to their fate just because there are other crises worthy of our attention? Should we ignore the tragedy of malnutrition just because it does not affect us directly?

Malnutrition can be fought. As little as twenty dollars can buy fifty packets of ready-to-use therapeutic food to help a child recover and regain strength. A small donation can make a big difference to the life of a malnourished child. With Ramadan approaching, I invite you to think of those living on a single meal per day, not just for one month, but for their entire lives.

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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's principles

As an independent organisation, MSF's actions are guided by medical ethics and the principles of impartiality and neutrality.

Independence

Nearly ninety per cent of MSF's overall funding comes from private donations; this guarantees our independence of decision and action.

Impartiality

MSF offers assistance to people based only on need and irrespective of race, religion, gender or political affiliation.

Neutrality

In a conflict, MSF does not take sides and provides medical care on the basis of need alone.

In 1999, MSF received the Nobel Peace Prize

In 2002, MSF received the Emirates Health Foundation Prize

In 2004, MSF received the King Hussein Humanitarian Leadership Prize

Lead story



Migrants in the Sana'a detention centre, Yemen waiting to be repatriated to their home country. © Ramón Pereiro/MSF

MSF Assists Migrants Tortured by Smugglers in Yemen

Authorities in Yemen have freed more than one thousand migrants from Somalia and Ethiopia, many suffering from torture and sexual abuse while forcibly held by smugglers. Médecins Sans Frontières (MSF) has been assisting the released migrants with their physical and mental health needs.

Yemeni authorities have released 1,620 migrants who were held by smugglers in farms in Haradh region in the north of Yemen. Some of the migrants had been held for months and showed signs of torture as well as verbal, physical and sexual abuse by their captors.

"Many of the migrants are physically and mentally exhausted and suffer from severe mental trauma due to the horrific conditions and treatment they experienced during their detention," says Angels Mairal, an MSF psychologist in Haradh.

In addition, many of the people treated by MSF were suffering from life-threatening diseases such as pneumonia, complicated malaria or dengue fever. Most of the migrants referred by MSF to its hospital in Al Mazraq near Haradh town, were victims of human trafficking, forced labour and slavery, and the majority of those receiving psychological support from MSF have reported being tortured. Among the migrants assisted, 62 were children and 142 women. Seventy one severely ill people were admitted to the hospital.

Yemen is located along one of the main routes for people attempting to reach the Arab Gulf states from the Horn of Africa. Many of the migrants from Ethiopia are fleeing extreme poverty and unemployment and are trying to enter Saudi Arabia through Haradh. Often they end up in the hands of smugglers who try to extort money using torture and psychological abuse.

The freed migrants' medical and humanitarian needs were extensive as some of them had not eaten for up to seven days before their release by Yemeni authorities. MSF provided supplementary food rations and also intervened to improve the sanitary conditions in both Haradh and Amran transit locations.

"We are facing an emergency on top of this chronic situation and we are extremely worried about the future of thousands of migrants who are stranded in Yemen generally, and Haradh in particular, with very limited assistance. They are exhausted after so many attempts to cross the border and with no resources; the majority of them become beggars in the street of Haradh. They try to survive, and live without any decent shelters, sanitation or regular meals," says Tarek Daher, MSF's head of mission in Yemen.

From Haradh, 800 Ethiopian refugees have been transferred to migrant centres in Sana'a where they await repatriation while 550 Somalis were transferred to Kharaz refugee camp in Lahj governorate. However, those locations do not

have the capacity or services to adequately assist people.

MSF acknowledges the efforts the Yemeni government has made to free, host and protect the newly liberated migrants in Haradh. The organisation urges the international community to help restore the dignity of these migrants by supporting institutions working with them.

MSF, together with authorities and some non-governmental organisations, is scaling up its intervention in order to improve the living conditions of the migrants stranded in Haradh and to improve access to healthcare for those who are released or in transit waiting for repatriation.

MSF has been working in Hajjah governorate, in the north of Yemen, since 2009. The organisation manages the hospital near Al Mazraq, which provides local and displaced people with basic and specialist healthcare, surgery, and emergency services. Since 2012, MSF has also been providing mental health assistance for migrants in Haradh town. MSF is also carrying out medical activities in Aden, Ad-Dhale, Abyan and Amran governorates.

Zaatari Refugee Camp

MSF opens a hospital for children



Patients arrive at MSF's outpatient department in Zaatari camp, Jordan. © Enass Abu Khalaf-Tuffaha/MSF

There are now over one million refugees from the Syrian conflict, 400,000 of whom are living in Jordan.¹ Shortly after the crisis began, Jordan opened up its border and, with international support, established camps to receive the influx of refugees. The largest of these is a camp called Zaatari where Médecins Sans Frontières (MSF) has now established a paediatric hospital.

Ameer is a nine-month-old baby from Dara'a governorate. He arrived at Zaatari camp in early April 2013 with his parents, a four-year-old sister and a two-year-old brother. Shortly after their arrival, Ameer was brought to MSF's paediatric hospital by his father. He was suffering from a severe throat and eye infection, resulting in a high fever.

Ameer's father, Abu Saeed (not his real name), said that they were pushed to leave Syria due to intensive bombing. It had become impossible for him to jeopardise the safety of his wife and children by staying there any longer. He remembers the early days of their escape and the challenges they have since encountered. "We crossed the border to Jordan at night leaving everything behind us, family members, property and an entire life. My head was full of questions all the way to the crossing point. Will we return to Syria? How long will we stay in Jordan? What kind of future awaits us there? And tens

and tens of other questions which I couldn't find answers to."

Set up in July 2012, Zaatari refugee camp is located just one hour by car from Amman and about 30 kilometres from Dara'a inside Syria, which has seen some of the heaviest fighting in the conflict. Originally intended to house 60,000 refugees, due to the increasing need to provide shelter to incoming refugees, the camp has since expanded to its current capacity of 100,000.

"Before leaving Syria, we heard that Zaatari camp was big but seeing it with my own eyes is really different."

Abu Saeed

"My wife and I were taken by surprise at just how big it is. It's even bigger than Dara'a, I mean, when it comes to the number of population," says Abu Saeed.

"Living conditions are very difficult in the camp, my four-year-old daughter cried all through our first night in the little tent, or our new 'house' in Zaatari. She was cold and wanted to go home. I didn't know what to tell her. We were only given enough blankets for each family member and I couldn't get her an extra one, so I took off my jacket and covered her tiny body till she slept. Our first night in Zaatari was very difficult, now we have adapted."

Abu Saeed describes the difficulties of accessing healthcare within the camp: "Within days of our arrival to Zaatari camp, my son, Ameer, got sick. Access to health facilities in the camp is very difficult, you need to wait hours in long lines and the examination you get is very basic and quick. When I arrived at another hospital, I waited for two hours and a half before a nurse checked on my son."

Of the many refugees seeking sanctuary in Zaatari camp, many are women and children. In response to a gap in the provision of paediatric care, MSF set up a hospital inside the camp in March 2013 for children aged one month to ten years. The hospital provides 24-hour care and beds for up to 30 inpatients and three emergency cases. It receives a daily average of around 60 emergency consultations in the outpatient department.

"Ameer needed hospitalisation because he didn't receive proper care early on, that's why we came to the MSF hospital. He is now much better and can swallow some milk. The MSF doctor said that he will be better if the treatment is completed. The team is very nice to us and the hospital is clean and good," says Abu Saeed. However, the challenges of taking care of his family continue to weigh heavily on his mind: "My father called me from Dara'a a few hours ago saying that he has identified a safe and secure area nearby the village where we live, so I plan to go back as soon as my son recovers. We left Syria seeking safety for our children and fleeing the

bombings but if they will get sick because of the dust and coldness inside the camp, what's the point of staying here? It's better to go home."

Feelings of despair are common among refugees, most of whom long to go home and return to a normal life. But going home is not yet considered a safe option.

Abu Adel is a 43-year-old from Damascus who understands only too well how unsafe his country has become. He sought treatment at MSF's surgical hospital in Amman after his arm was injured in an explosion. He remembers the moment the attack took place: "The attack happened while I was at home sleeping with my children. All of a sudden, a military helicopter shooter fired an explosive tank next to our house. As we live on the first floor, the damage was huge and our entire home was destroyed. I almost lost my arm due to so many shrapnel wounds. Only a miracle from God saved my family. They all escaped this bombing without any physical injury but they were terrified. I thank God again that they survived unhurt."

"I was transferred to a field hospital at 1:30am. I was bleeding heavily and they didn't have the equipment to help me so some neighbours took me to a public hospital in Damascus, where I had a quick operation to stop the bleeding in my arm. One hour after my surgery, a doctor came to me saying, 'It's better for your safety to leave the hospital. If you stay here, you will be arrested or even killed.'"

Abu Adel, who used to run his own butchery shop, was forced to stay at home for one month. He was in constant pain and feared for his life. With no other options to ensure their safety, he fled with his family to Jordan. After a dangerous journey, they arrived in Jordan in December 2012. "Upon arrival at Zaatari camp, I managed to get some treatment through some hospitals both inside and outside the camp but the care was very basic. They just cleaned the wound and applied dressing under general anaesthesia. One day, an MSF doctor was visiting the camp and checked me. He said that MSF could help and so I was admitted to the MSF hospital in Amman," Abu Adel says.

MSF support to Syrian refugee patients via the Amman project is increasing, according to Dr. Richard Montinari, the project coordinator. Of around 300 patients currently served by the project, one third are now Syrian refugees. Asma Rammal, the operating theatre nurse supervisor, has noticed a rise in the number of monthly operations from 95 to 130.

While Abu Adel receives treatment in Amman, his family lives in Zaatari camp. To date, he has undergone five surgical operations, including the removal of shrapnel, as well as skin and bone grafts and the removal of external fixation. He says his health has improved and that he is keen to be reunited with his family: "I come to the MSF outpatient department in Amman once or twice



An MSF doctor tends to a child who was injured while playing in the camp. © Enass Abu Khalaf-Tuffaha/MSF



Two-month-old Mohammed was diagnosed with pneumonia, his condition improved within two days of treatment. © Enass Abu Khalaf-Tuffaha/MSF

a week for dressing or if I need some medication or for blood analysis. I am very optimistic that my arm will be cured and that one day I will join my family in Zaatari camp."

Back at Zaatari camp, the paediatric hospital is the only specialised structure in the camp receiving young children. Each week, on average 36 patients are hospitalised and 210 patients are seen in the emergency room. Staff members work around the clock to provide much needed care. "The overall health needs inside the camp are expected to increase during summer time," the MSF field coordinator says. "For instance, we expect more cases of dehydration and diarrhoea."

Refugees, wherever they are, need safety, shelter, food and water, and access to essential social services like health and education for their children.

As the conflict in Syria appears to be without an end in sight, both Abu Saeed and Abu Adel worry for their family's future. Having lost everything but each other, uncertainty has become a way of life for their families. While humanitarian assistance can never replace what they have lost, it can provide vital support for their survival and recovery.

MSF is one of many humanitarian organisations responding to the healthcare needs of refugees in Turkey, Lebanon, Jordan and Iraq. Within Syria, MSF is working in five areas where it has so far conducted 2,400 surgical procedures and over 46,000 medical consultations.

¹ <http://data.unhcr.org/syrianrefugees/regional.php>



People fleeing violence in Darfur, Sudan seeking refuge in Tissi, Chad. © MSF

Chad

MSF provides emergency care to refugees from Darfur

Violent clashes in Sudan's Darfur region have driven approximately 50,000 people - including Sudanese refugees and citizens from Chad and the Central African Republic who had taken refuge in Darfur - across the border into southeastern Chad since early March. In Chad, a lack of food, water, shelter, and basic services for the refugees is developing into a humanitarian crisis and assistance is urgently needed before the looming rainy season cuts off road access to many areas.

"We arrived in Tissi in the first week of April to respond to a measles outbreak among the local population and refugees," says Stefano Argenziano, head of mission for Médecins Sans Frontières (MSF). "It soon became clear to us that families have other urgent needs. Most of the recently arrived refugees have no access to healthcare, food, or clean water. They live mostly under trees, and they have nothing with which to protect themselves against the dust and heat during the day and the cold during the night."

MSF teams are providing emergency and primary healthcare to the refugee and Chadian populations. An emergency room has been set up in the town of Tissi to treat the wounded, children under the age of five, and pregnant women. An emergency team has completed vaccinating 30,200 people under the age of 15 and has treated 52 patients for measles. During one measles vaccination campaign, MSF screened 13,700 children for malnutrition and admitted 120 children into a therapeutic feeding programme.

The living conditions of the displaced population, the majority of whom are women and children, are deteriorating quickly. Parents have told MSF teams that their children are increasingly falling ill.

"Once the rainy season starts, our access to these camps will be impossible by road and the refugees will be completely cut off," says Stefano Argenziano. "With poor sanitary conditions and the lack of access to clean water, we are monitoring for an increase in malaria and respiratory infections, and also for a possible outbreak of cholera."

Libya

MSF gives support and medicine after poisoning outbreak

In response to an outbreak of methanol poisoning in Tripoli which killed more than 70 people and hospitalised up to 1,000 people in March, Médecins Sans Frontières (MSF) sent toxicology experts from Norway to provide technical assistance to the Libyan Ministry of Health. MSF also provided supplies of the antidote fomepizole, which acts by blocking the toxin produced by methanol poisoning.

The MSF toxicologists have carried out training for medical staff at the Tripoli medical centre and Tripoli central hospital and have worked with Libyan doctors to establish tools that could improve diagnosis and treatment in the event of future outbreaks.

MSF first started working in Libya in February 2011, and has responded to medical needs in Benghazi, Tripoli, Misrata, Zintan, Yefren, Sirte, and Zawiyah.

Armenia

Mobile tuberculosis surgery brings hope

A mobile tuberculosis surgery mission undertaken by Médecins Sans Frontières (MSF) has successfully completed surgery on six drug-resistant tuberculosis patients in Yerevan, Armenia - the first mobile tuberculosis surgery ever carried out by MSF.

The aim of the mission was not only to treat patients, but also to help improve the overall surgical capacity of Armenia's national tuberculosis hospital. "Tuberculosis surgeries are complex procedures requiring highly specialised teams with years of practice in the latest procedures and techniques," says MSF head of mission in Armenia, Annabelle Djeribi. "By performing the surgeries together with a multinational and multi-disciplinary team, local staff benefit from the experience of countries that have developed strong competencies."

One of the patients to benefit from the team's visit was diagnosed with multidrug-resistant tuberculosis in 2010. After three years of hospitalisation with daily treatment his condition did not improve and he remained contagious. In addition to having no chance of being cured of the disease, being contagious kept him away from his family and relatives.

"It was so difficult for him not being able to see any light at the end of the tunnel - he complained that he could not even hug his grandchildren," says Annabelle Djeribi. "The surgery mission has been an amazing relief for him and he can now contemplate the possibility of finally being able to return home."

Following the success of the initiative, the MSF mobile surgery team aims to conduct other visits to Armenia to continue to improve the skills and capacity of the local staff while providing patients with a chance to reclaim their lives from this devastating disease.



A "flying" MSF tuberculosis surgery team performs surgery on a drug-resistant tuberculosis patient in Yerevan, Armenia. © MSF

Mauritania

Increased and sustained efforts needed to help Malian refugees

Some 70,000 refugees from Mali are living in difficult conditions in the middle of the Mauritanian desert, with ethnic tensions in northern Mali quashing any hopes of a swift return home. In a new report, *Stranded in the Desert*, Médecins Sans Frontières (MSF) has made an urgent call to organisations to renew efforts to provide for the refugees' basic needs. Based on testimonies collected from over 100 refugees in Mbera refugee camp in Mauritania, the report examines the reasons for the refugees' flight and reveals the underlying complexity of the crisis in neighbouring Mali.

"More than 100,000 people from northern Mali are currently displaced within their country or have escaped abroad as refugees," says Henry Gray, emergency coordinator for MSF. "Most of the refugees are from the Touareg and Arab communities. They fled pre-emptively, often for fear of violence due to their presumed links with Islamist or separatist groups. Their home in northern Mali is still in the grip of fear and mistrust." While the crisis could last for months or even years, the refugees face a future of isolation in the middle of the desert, totally dependent on outside assistance and humanitarian aid.

The situation has worsened following an influx of 15,000 new refugees after the January 2013 joint French and Malian military intervention. The number of consultations in MSF's clinics in the Mbera camp has increased from 1,500 to 2,500 each week, and the number of children suffering from severe malnutrition has more than doubled. Eighty five per cent of the children treated for malnutrition arrived in the camp between January and February; this despite the nutritional status of the new refugees being generally good when assessed on arrival in the camp.

"These statistics show that the refugees have grown weaker whilst in the camp, the very place where they should have been receiving assistance, including correctly formulated food rations, from aid organisations," says Henry Gray. "Aid organisations need to maintain their humanitarian response for as long as necessary: shelter, clean water, latrines, hygiene and food must all reach and be sustained at the minimum humanitarian standards."

MSF runs medical and humanitarian programmes in the Malian regions of Mopti, Gao, Sikasso and Timbuktu as well as for Malian refugees in Burkina Faso, Mauritania and Niger. MSF has been working in Mauritania since the arrival of the first refugees in early 2012. MSF teams have since provided 85,000 consultations, assisted with 200 births and treated nearly 1,000 children suffering from severe malnutrition.



An MSF doctor helps a dehydrated baby at the MSF hospital in the Mbera camp for Malian refugees, Mauritania. © Nyani Quarmyne

Myanmar

Government restrictions having severe impacts on access to healthcare

A year after deadly inter-ethnic clashes first broke out in Rakhine State, Myanmar, an estimated 140,000 people are still living in makeshift camps. Tens of thousands more people who are still in their homes have been almost entirely cut off from health facilities, food, markets, their fields, and in some cases even clean water as the segregation of Rakine and Muslim communities continues and movements remain restricted. According to official estimates, the vast majority of the displaced are a Muslim minority - often referred to as the Rohingya, a stateless minority group, not recognised as citizens by the Government of Myanmar.

"Médecins Sans Frontières (MSF) has just returned from areas where whole villages are cut off from basic services," says Ronald Kremer, MSF emergency coordinator in Rakhine State.

Movement restrictions for Muslims were first implemented in June 2012, and intensified after the October violence which saw thousands more people displaced. People are particularly vulnerable as the monsoon season starts and the risk of further tropical storms or cyclones remains high. MSF has already seen makeshift shelters and its clinic structures destroyed from the relatively light rains that have already begun.

MSF is calling on the Myanmar government to take action to ensure displaced people, and those cut off from services, have proper shelter and access to healthcare and to further ensure that people are able to move freely, without fear of attack.

Italy

Care for homeless people in Milan

Médecins Sans Frontières (MSF) has provided free healthcare to homeless people, including migrants, sleeping rough on the streets of Milan during Italy's winter months. The primary objective of the programme was to provide a continuation of care to homeless people who are discharged from hospital.

"The doctor told me to go to the sanatorium. I had to stay in there for a while, take medicines and keep warm," says Gheorghe, a 50-year-old Romanian who has been living in Italy since 1996. MSF provided treatment for a respiratory tract infection that Gheorghe developed from sleeping in rough conditions in the cold winter weather.

Official data state that there are more than 47,000 homeless people in Italy, with more than 13,000 of them living on the streets of Milan. Around 70 per cent of patients seeking care from MSF are migrants.

"Homeless people who are hospitalised often end up falling ill again soon after they have been discharged," says Gianfranco De Maio, MSF's field coordinator. "If we provide assistance to homeless patients straight after they have been released from the hospital emergency room, then these people don't need to come back to the hospital so often and their health is not affected as much."

This is the first MSF project to assist homeless people in Italy. MSF worked closely with local hospitals and the programme was implemented as part of a larger initiative together with other medical and social organisations. MSF will use this experience as a starting point to assess future projects.



An MSF staff member takes a young boy's mid-upper arm circumference (MUAC), Yida, South Sudan. © Mackenzie Knowles-Coursin

Tackling Malnutrition: More Than Giving Food

Nine children die every minute because their diet lacks essential nutrients, and there are 178 million malnourished children across the globe. What causes nutrition crises and what is Médecins Sans Frontières (MSF) doing in the fight to save millions of young lives?

Although we are used to seeing images of malnutrition in the context of high-profile crises such as droughts and wars, in fact, the vast majority of the estimated 800 million hungry people in the world are not victims of sudden, abnormal incidents, but rather endure long-term, chronic malnutrition as a result of poverty. In many places, malnourishment occurs in regular cycles and populations experience seasonal food shortages or “hunger gaps”.

Other causes of nutrition crises include inequitable food distribution mechanisms; war; natural disasters; and environmental factors such as poor water quality. Malnutrition is not just the result of too little food, it is a lack of essential nutrients, including fats, vitamins and proteins. This reduces energy levels, causes growth to falter and increases susceptibility to common diseases. Insufficient diets are an everyday fact of life for hundreds of millions of children.

The critical age for preventing malnutrition is from six months when mothers generally start supplementing breast milk. The types of foods that are introduced into the diet at this time are of paramount importance. Diets that do not provide the right blend of energy - including high-quality protein, essential fats

and carbohydrates, vitamins and minerals - can impair growth and development, increase the risk of death from common childhood illness, or result in life-long health consequences.

Children under five, adolescents, pregnant or breastfeeding women, the elderly and the chronically ill are also vulnerable to malnutrition. People become malnourished if they are unable to take in enough or utilise fully the food they eat due to illnesses such as diarrhoea or longstanding illnesses such as measles, HIV, and tuberculosis.

In children, signs of malnutrition besides weight loss may include an inability to concentrate or increased irritability and stunted growth. In cases of severe acute malnutrition, swelling of the stomach, face and legs and changes in skin pigmentation may also occur.

Malnutrition is diagnosed by comparing standard weights and heights within a given population, or by the measurement of a child's mid-upper arm circumference (MUAC).

Jeanne, an MSF nurse specialising in malnutrition, explains the diagnosis process using the mid-upper arm circumference method at Yida refugee camp in South Sudan: “When a mother arrives for the first time with her child, we examine the child, measure their height and ‘do their MUAC’. This involves wrapping a band around their arm to measure their mid-upper arm circumference, which gives us an idea of how malnourished the child might be. If, when the bracelet is tightened, it's red, that means the child is suffering from severe acute malnutrition.

If it's orange, that means the child has moderate acute malnutrition. If it's yellow, the child is 'at risk', and green indicates that everything's fine.”

Providing more food can address hunger, but not malnutrition - proper nourishment is the key to addressing malnutrition. Unfortunately, most current food aid programmes for developing countries rely almost exclusively on the fortified cereal blend of corn and soy that may relieve a young child's hunger but does not provide proper nourishment.

MSF believes that ready-to-use foods (RUFs) are the most effective way to treat malnutrition. Ready-to-use foods include all the nutrients a child needs for development. They can help children to gain weight and can also reverse deficiencies. In addition, ready-to-use foods are simple to use in resource-limited settings as an efficient and safe way to provide milk to young children: they contain no water and are thus resistant to bacterial contamination, they come in individually-wrapped airtight foil packets and have a long shelf life; they don't require preparation and are easy to transport and use in hot climates.

Most critically, the vast majority of malnourished children can take this treatment at home, under the supervision of their mother or caregiver, instead of in hospital. This allows programmes to reach many more children, while at the same time minimising the risk of contracting an infection in hospital.

MSF's Malnutrition Programmes

There is no universal, standard approach to nutritional problems. Response strategies vary according to the context of the crisis, its development and the practical constraints. Two of the ways in which MSF can respond to food crises are through supplementary feeding programmes and therapeutic feeding programmes.

MSF doctor, Kai, spent three months in Yida camp in South Sudan where supplementary and therapeutic feeding programmes were necessary. While many children were treated in MSF's outpatient programme, Kai worked in the hospital where children suffering acute malnutrition were being treated. For the most part, the children were over the age of five. They were also suffering from medical complications like basic respiratory infections, diarrhoea or malaria. In general, children were admitted to hospital for six or seven days, after which they joined the outpatient feeding programme. Kai saw many children go through treatment at the hospital, but one child in particular stands out.

“There was a three-year-old boy whose mother was blind...His body was covered in oedemas [swellings]; he had a respiratory infection and wasn't eating. Without treatment, he would have surely died. Because he wouldn't eat, we put in a naso-gastric tube and we also gave him antibiotics.

“He stayed four weeks. His seven-year-old sister was with him all the time. She fed him therapeutic milk through the tube, then washed it out afterwards. Once he had started to eat the therapeutic food, she also washed his plate. She took him outside to get fresh air and she helped the mothers who had just arrived at the hospital with their children.

“When he arrived, the little boy didn't have the energy to eat and he never smiled, but it wasn't long before he started to get better. Then he began to speak, to walk, to play, to smile, and eventually he was able to leave the hospital.”

In 2012, MSF admitted

71,500 children into supplementary feeding programmes

276,300 children into therapeutic feeding programmes.



In Bihar, India, MSF operates several outpatient centres and an inpatient feeding centre for children in a critical condition. © Angel Navarrete

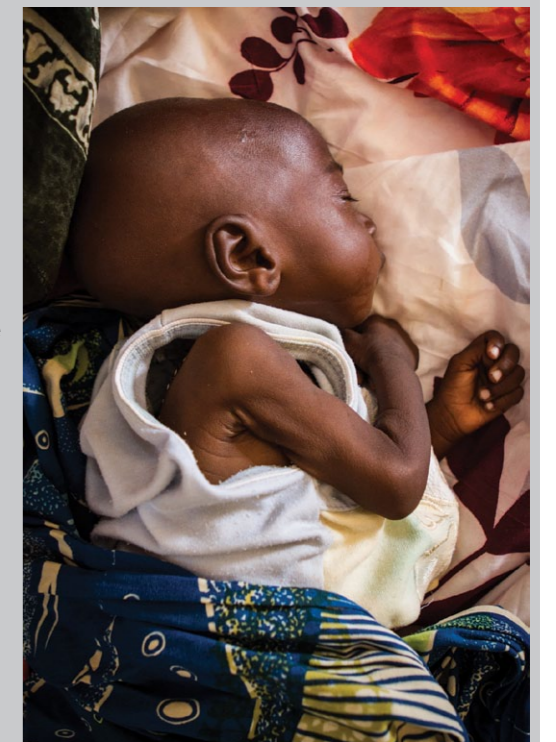
A new strategy: Addressing the deadly combination of malaria and malnutrition

In Niger, malnutrition and malaria are closely related. The months of the “hunger gap”, when malnutrition is at its peak, coincide with the rainy season, when mosquitoes breed and the number of malaria cases shoots up. The diseases combine in a vicious cycle: malnourished children have weak immune systems, so their bodies are less able to fight diseases such as malaria, while children sick with malaria are more likely to become dangerously malnourished.

This year, MSF has seen an increase in the number of malnutrition cases in several of its projects in the south of the country compared to the same period in 2012. The number of malaria cases has also increased. Further peaks in both malnutrition and malaria are expected with the onset of the rainy season.

“Urgent action is needed to stop children continuing to die from these preventable causes,” says Luis Encinas, MSF's programme manager for Niger. “To tackle malnutrition and malaria, we need innovative approaches, and we need to work on two levels at the same time: prevention and treatment.”

MSF is planning to implement a new strategy in some areas of Niger, known as seasonal malaria chemoprevention, in which children are provided with a full course of antimalarial treatment at intervals during the peak malaria season. This strategy was successfully implemented by MSF in Chad and Mali in 2012, where the number of simple malaria cases decreased by 66 per cent in Mali and 78 per cent in Chad.



A malnourished child rests in the intensive care unit of an MSF hospital in Niger. © Tanya Bindra

Iraq

Mental healthcare helps rebuild lives

Decades of conflict, political instability and social upheaval have left many Iraqis vulnerable to psychological stress, mental health disorders, and in need of mental healthcare. As MSF concludes its four-year mental health collaboration with the Iraqi Ministry of Health, we report on the successes of the programme and the need for a continuing commitment to address the mental health needs of men, women and children in Iraq.

Few people in Iraq have remained untouched by the trauma associated with years of unrest and instability, and while the physical health issues might be obvious, mental health disorders and emotional distress are proving just as debilitating. “Many Iraqis have been pushed to their absolute limit,” says Helen O’Neill, MSF’s head of mission in Iraq. “Mentally exhausted by their experiences, many people struggle to understand what is happening to them. The feelings of isolation and hopelessness are compounded by the taboo associated with mental health issues and the lack of mental healthcare services that people can turn to for help.”

“My heart beats too fast, I don’t sleep comfortably, when my heart starts to hurt I’m unable to move. I always feel like vomiting from fear when my brothers start to beat me I get so angry and I start screaming. They beat me, make fun of me, and I start screaming crazily. I’m scared of fire. It frightens me. My uncle’s car was burnt in front of me. I’m afraid of fire, of hearing the sound of bullets. I’m most scared of machine gun fire.”

8-year-old girl

Between 2009 and 2012, over 25,000 counselling sessions were provided.

In 2009, MSF in collaboration with the Iraqi Ministry of Health launched a mental health programme which was designed to increase access to psychological counselling and, in the longer term, to integrate mental healthcare into the Iraqi health system. Between 2009 and 2012, over 25,000 counselling sessions were provided by MSF-trained Ministry of Health counsellors in mental health units in Baghdad and Fallujah. Teams in the two units currently carry out around 600 counselling sessions each month.



Street scene, Iraq. © Khalil Sayyad

The far-reaching extent of mental health needs in Iraq has been demonstrated by many recent surveys and research projects. Researchers assessing children and adolescents in Baghdad, Mosul and Dohuk, for example, found that 14 to 36 per cent of respondents showed symptoms of post-traumatic stress disorder (PTSD) and a family health survey of 9,000 household members found that over 35 per cent of people were considered to be suffering “significant psychological distress”.

One survey revealed that one in five women and one in seven men were likely to suffer a mental disorder in their lifetime. Those exposed to even one traumatic event had an even higher prevalence. Almost 70 per cent of those with any mental disorder reported experiencing suicidal thoughts. Fewer than ten per cent of those people reported receiving care.

Violence is a major factor in the mental health of the programme’s patients. In 75 per cent of the cases seen in the MSF/Ministry of Health units in 2012, the precipitating event to mental health problems was violence-related, either directly or as a witness. Most often, this was a violent event outside the home, but as in other societies during times of war or instability, reports of domestic discord or violence are also common. Anecdotally, nearly all staff and patients in MSF’s mental health programme have either experienced a violent event in recent years or have a close relative or friend who has been affected by a violent event.

“A woman who was widowed six months ago when her husband was killed in a bomb explosion has developed headaches and has difficulty breathing.

She says she is at times unsure if her husband is dead because she has visions of him. She often feels that he might still be alive. She is constantly seeking reassurance from her family that he may be still alive. She has also become increasingly house-bound and is fearful of leaving her house. Proposed interventions include addressing grief and trauma issues.”

A counsellor describes a case

The main focus of Iraq’s mental health service has been on institutionalised care for those suffering chronic psychiatric disorders such as schizophrenia. Despite this focus, there are currently only four psychiatrists per one million residents and even fewer people are trained in the related mental health professions including psychological counselling.

Against this background of high need, the Iraqi Ministry of Health has expressed its intention to integrate mental health services into existing primary healthcare facilities. MSF has been working closely with the Ministry of Health to implement psychological counselling services and to develop a counselling model that can increase patient access and can be replicated in primary healthcare settings as well as in day-visit mental health units in general hospitals.

While the security circumstances in Iraq have often complicated the implementation of the services, technology has helped to provide solutions which will help to sustain services in the future. Video conference links, for example, have been used extensively for training and technical support as well as during case discussions and clinical supervision.

For those who complete counselling, there is a very clear trend towards improved mental health.

Psychological counselling is a proven approach for mental health disorders, but it has been important to confirm the effectiveness of counselling in Iraq to ensure that a suitable programme was developed. A new evaluation tool has been introduced to measure progress, and according to the data gathered by the tool, the outcomes of psychological counselling are very good.

Drop-out rates vary significantly between locations, suggesting that local factors may discourage patients from returning. However, amongst those discharged, nearly all patients record an improvement in their wellbeing. Among a sample group of patients in 2012, for example, four per cent displayed ‘light’ symptoms, 68 per cent ‘moderate’ and 28 per cent ‘severe’. Of the patients who were discharged after one month, 78 per cent had ‘light’ symptoms and 22 per cent ‘moderate’. None were ‘severe’. For those who complete counselling, there is a very clear trend towards improved mental health.

“I have problems breathing and I don’t feel comfortable within myself. My elder brother got kidnapped. This incident destroyed my life, and now I fear everything. This is the only place that I can express my fears. I’m always isolated from my family and these sessions have helped me to talk without fear. After the second session I already felt a little bit better. I have fewer nightmares now.”

28-year-old male

The first systematic survey to investigate the public perception of mental health in Iraq concluded that, “people who suffer from mental illness, the professionals who treat them, and indeed the actual concept of mental illness are all stigmatised in public perception and often receive very negative publicity.”

While the survey showed that people in Iraq often understand that mental illness can be caused by traumatic events, it also noted that as is common around the world, there is a widespread belief that people suffering a mental health disorder are to blame for their condition. A large number of people reported that they believed they would be able to maintain a friendship with someone with mental health problems, but a similarly large number said people should avoid all contact. Shame, fear of discovery, and fear of being abandoned or ostracised have all been reported by patients in the MSF/Ministry of Health programme.

People also report acts of kindness and support and it is hoped that with increased

public awareness and understanding, such responses will be extended.

“I’m tired. I came here for comfort and ease. I’m worried about my husband’s situation. There is always shooting at checkpoints and around the house. This affects my daily routine and my life. Before coming here I tried to talk to my sister but she didn’t care at all. My family says I’m mentally ill. That’s why I try to stay isolated from the family and I’m so stressed when I’m around them. I feel better since I talked.”

40-year-old woman

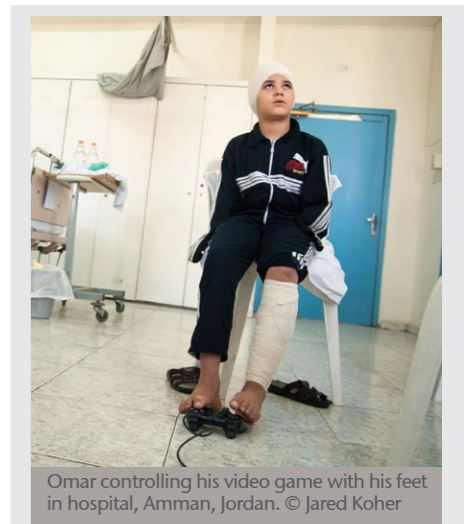
Raising public awareness is the first step in changing attitudes to mental health. MSF has provided training to community awareness officers to develop activities aimed at increasing awareness among both the public and health professionals, and facilitating referrals for people in need of services. In 2011, MSF produced a short film as part of the community awareness package, and outreach workers have been active in health facilities such as pharmacies, clinics and hospitals as well as in other community spaces such as schools.

A telephone helpline has also helped to raise awareness and increase access to care. With technical support from MSF, the Ministry of Health established a help-line in Yarmouk hospital to provide information about counselling services and to facilitate referral to the Yarmouk mental health unit. The service has been valuable, for example, for clients who either want more information before committing themselves to a visit, or who cannot access the counsellors in person.

Significant gains have been made in adapting psychological counselling to Iraqi needs.

In June 2013, MSF completed its mental health collaboration with the Iraqi Ministry of Health in the Fallujah and Yarmouk hospitals, and handed over all aspects of technical expertise and supervision. Significant gains have been made in adapting psychological counselling to Iraqi needs and counsellors trained in the collaboration between MSF and the Iraqi Ministry of Health have already helped thousands of people.

However, it is clear that there are still many challenges ahead to ensure that all Iraqis in need of care have access to appropriate mental health services. The gap between needs and services is still huge, and the stigma felt by those affected is real and painful. The long-term goals remain the integration of accessible mental health programmes into existing health facilities throughout the country, and the acknowledgement of mental health as a crucial element in Iraq’s recovery.



Omar controlling his video game with his feet in hospital, Amman, Jordan. © Jared Koher

Iraqi civilians injured in war get the treatment they need

Nearly a decade ago, when unrelenting violence in Iraq was driving non-governmental organisations out of the country, Médecins Sans Frontières (MSF) opened a surgery programme for wounded Iraqi civilians in neighboring Jordan, which was politically stable and has an excellent medical infrastructure.

MSF is still running the surgery programme today, treating civilians who have severe, complicated injuries that were not treated right away or couldn’t be treated properly in their home country. One of those patients is a boy named Omar.

Like many children in Iraq, Omar loved flying his kite on sunny days and that’s what he was doing with a group of friends in February 2011 when an explosion caused live power lines to drop from above. The lines ripped through his body, and Omar lost both his arms. He was immediately taken to the nearest hospital where doctors saved his life. Omar spent three days in a coma and endured nine operations over the following year.

He was transferred to the MSF hospital in Amman in March 2012 and has been through three additional surgeries so far. Omar is still only in the first stage of treatment, but he can now swim and play football with his friends and brothers. The emotional scars he suffered are too overwhelming to have healed yet, especially since he lost his mother in another horrifying explosion.

“Since his arrival at the project, we’ve been observing Omar very carefully and trying to provide him with all necessary psychosocial support,” says Montaha Mashayekh, an MSF counsellor. “He is a very sensitive child and keeps comparing himself with other children who are able to use their hands.”



Syrian refugees receiving care through the mental health programme run by MSF in partnership with the Helsinki Citizens' Assembly in Turkey tell their stories to British illustrator, George Butler, as he draws their portrait. © Armelle Louiseau/MSF

Flashbacks and Baby Clothes Mental health in Syria

MSF psychologist Audrey Magis has just returned home from Syria where she has been establishing a mental health programme in one of MSF's projects in the north of the country. Here she explains how the war is affecting people's mental health and what MSF is doing to help.

In most places I have worked, people are hesitant when I tell them that I am a psychologist, but in Syria, it was quite the opposite. People actually came and told me they needed my services. The war has been raging for two years and people have completely lost their bearings.

At first they would come and tell me about their social problems at home - children are not going to school and so becoming disruptive, adults are not working, people are living in tents or crowded into one room - but when you dig a little, you quickly find that most have experienced deeply traumatic events. Some have lost friends or family, some have seen their homes destroyed, some have lived through bombing raids.

People have lost their identity. Older men cannot find their place in society or in the family: maybe they have lost their job, or maybe they have responsibility for a family but they have had to move house several times in quick succession. I don't have to find them, they come and ask

for help saying things like: "I'm starting to be violent towards my wife and children. Please help me, I cannot be like that."

I have seen many women who are finding it increasingly hard to form a bond with their children. There are few contraceptives available, and a lot of women are becoming pregnant without really wanting to. They struggle to imagine their future with their child. I met several women in the final term of pregnancy who had prepared nothing; no cot, no baby clothes, no ideas for a name. People have lost their ability to project their lives into the future.

"To survive two years living through this, it's impressive. The family and community support is enormous."

All the children are playing at war. You don't see them playing with cars or other normal games; they pretend to shoot each other. I've seen kids throwing stones at donkeys, hurting animals. This is their way of expressing the pent-up anger. In fact, this is a relatively functional way for them to release some of their aggression.

I have also seen young men in their twenties, ex-fighters who have come to me with complaints about depression, traumatic stress, flashbacks and nightmares.

A number of people have quietly told me that they no longer know what the war is about. At first there seemed to be some purpose, but two years on that's all gone. They just want it all to end so they can go home.

Things have gone way beyond breaking point, but somehow people manage to hold it all together. They have developed an amazing ability to cope and keep going. To survive two years living through this, it's impressive. The family and community support is enormous.

Sometimes just one session is enough. Some people just need to hear that what's happening to them is normal, that they are not going mad. But there are other patients who need more. The idea is to set a clear objective with them, and to get there step by step with behavioural therapy. There is no time for long analysis sessions, but you can do very sound psychological work with these short-form therapy techniques.

I remember one patient, a woman who was six months pregnant. She came to the hospital asking for a premature delivery. There was no medical reason; she just wanted us to do a caesarean section and deliver her baby as soon as possible. She was very jumpy, very agitated.

I sat with her and we worked out that she felt that this was one baby too many, a child born of the war, and she felt that the baby was sapping all her energy. All she wanted was to take anti-depressants, but she couldn't because she was pregnant.

We worked out a plan of relaxation exercises. And we made a diary where she would write down when she felt tense and what had happened to cause the tension. And a few sessions later we moved on to preparing for the arrival of her baby.

At our last session she showed me the baby clothes for her soon-to-be-born baby. She hadn't yet chosen a name, but she had made great strides and was ready. She was my last patient, my last session on my last day. I left the project with the sense that my time had been well spent.



MSF psychologist, Audrey Magis. © MSF

Novartis Appeal Rejected Victory for access to medicines in developing countries

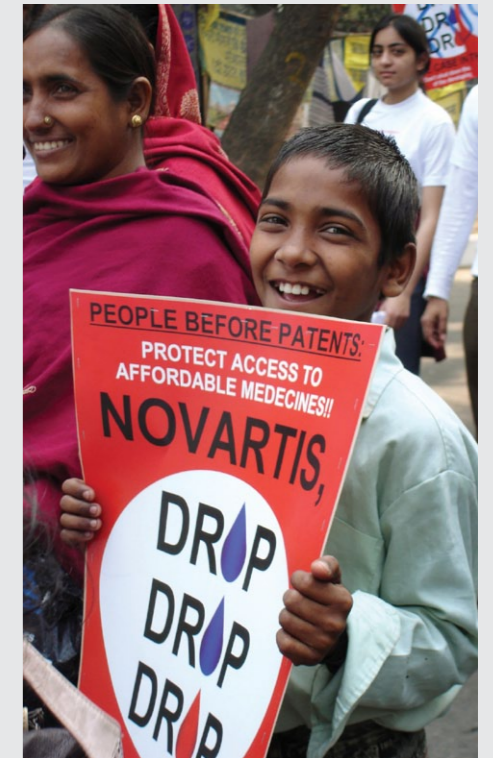
After a seven-year legal challenge by Swiss pharmaceutical company Novartis, the Indian Supreme Court has handed down a landmark decision upholding India's Patents Act. Médecins Sans Frontières (MSF) says this is a major victory for patient's access to affordable medicines in developing countries and a signal to all multinational pharmaceutical companies that they should stop seeking to attack India's patent law.

"This is a huge relief for the millions of patients and doctors in developing countries who depend on affordable medicines from India, and for treatment providers like MSF," says Dr. Unni Karunakara, MSF's International President. "The Supreme Court's decision now makes patents on the medicines that we desperately need less likely."

Novartis first took the Indian government to court over its patent law in 2006 seeking

to have the law changed so that it could more easily extend the patents on its products, and stop generic companies producing the same medicines at a fraction of the price. MSF was one of many organisations campaigning against this move, gathering nearly half a million signatures on its Drop the Case petition to Novartis.

Novartis lost the case in 2007, but launched an appeal in a bid to weaken the interpretation of the law. In this most recent decision, all of the claims by Novartis were rejected by the Supreme Court. "Patent offices in India should consider this a clear signal that the law should be strictly applied, and frivolous patent applications should be rejected," says Leena Menghaney, India manager for MSF's Access Campaign.



A demonstration in New Delhi, India against the Novartis challenge to India's patent law. © Sheila Shettle

Tweet #DearGAVI Help MSF reach vulnerable children with lifesaving vaccines

Vaccines save lives, but one out of every five children born does not receive the full protection of the basic package of vaccinations. With high vaccine prices one of the major barriers to vaccine access, Médecins Sans Frontières (MSF) is calling on the Global Alliance for Vaccine and Immunisation (GAVI) to open up their discounted vaccine pricing to humanitarian actors to help ensure that vaccines reach vulnerable children. "Urgent action is needed to address the skyrocketing price to vaccinate a child, which has risen by 2,700 per cent over the last decade," says Dr. Manica Balasegaram, executive director of MSF's Access Campaign.

GAVI negotiates price reductions for newer vaccines and, through its donors (such as the United Kingdom, the United States and Norway), pays for these vaccines to be introduced in developing countries. MSF fully supports GAVI's mission, but is concerned that the prices agreed for vaccines are still too high, and wants GAVI to put more pressure on the pharmaceutical companies to bring prices down further.

Additionally, MSF is frustrated that organisations such as MSF cannot buy vaccines at the lowest available prices to help vaccinate some of the world's most vulnerable children. These include children in refugee camps, malnourished children or children older than one year who fall outside the age range of routine immunisation programmes.

MSF has requested that GAVI and vaccine manufacturers extend their discounted prices to MSF, but has not been able to systematically access the lowest prices negotiated by GAVI, relying instead on lengthy negotiations with pharmaceutical companies on a case-by-case basis or company charity through one-off donations. This is not a sustainable, long-term solution for MSF which works to respond quickly to needs in the field.

"We're asking GAVI to open up their discounted vaccine pricing to humanitarian actors that are often best placed to respond to vaccinating people in crisis," says Dr. Balasegaram.



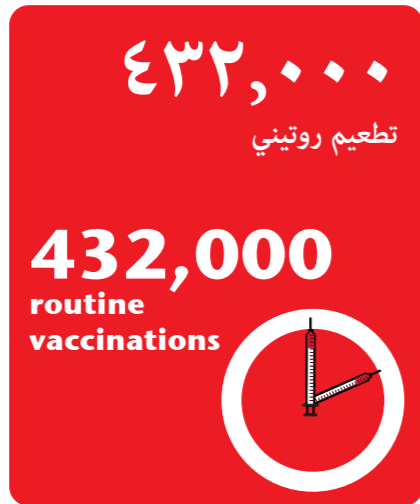
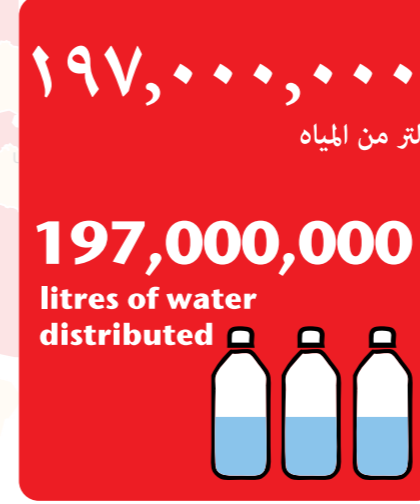
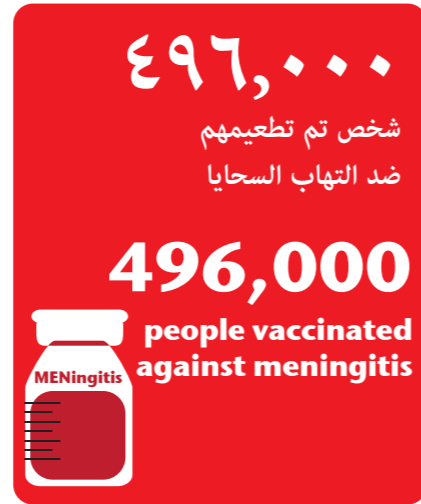
TELL GAVI TO OPEN THEIR PRICES TO NGOs

Take action

Send GAVI a message on Twitter. Ask them to make lower vaccine prices available to non-governmental organisations like MSF.

MSF IN NUMBERS

أطباء بلا حدود في الأرقام



Design: Vivian Peng

All the above figures are for the year 2012. For a full report on MSF activities globally and in every country where we work, see the MSF International Activity Report 2012 available online from August 2013 at www.msf-me.org

تصميم: فيفان بينغ

جميع هذه الأرقام تعود لعام ٢٠١٢. للحصول على تقرير كامل لأنشطة المنظمة في جميع أنحاء العالم، يرجى زيارة التقرير الدولي بشأن أنشطة منظمة أطباء بلا حدود لعام ٢٠١٢، والذي سيكون متوفراً على موقع www.msf-me.org ابتداءً من شهر أغسطس/آب ٢٠١٣.