



MEDECINS SANS FRONTIERES
أطباء بلا حدود

WITHOUT BORDERS

BILA HUDOOD | Issue 15 | October-December 2011



40 YEARS OF INDEPENDENT HUMANITARIAN ACTION

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Healing the invisible wounds

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Forty years of medical aid without discrimination

This year marks Médecins Sans Frontières' 40th anniversary. Since its creation in 1971, MSF has been delivering medical aid to people struggling to survive violence, epidemics, and natural disasters.

In this issue of Without Borders, we highlight the core principles of independence that have underpinned our work in the last four decades. These principles have evolved over forty years of providing medical relief in some of the world's most complex humanitarian crises.

MSF's principles of independence are as relevant and crucial today as they have been

in the years since MSF was founded. Our complete independence, neutrality and impartiality is what allows our access to populations in need of emergency medical assistance in conflicts and complex political environments.

In Pakistan, for example, in the massive floods of July 2010, some donor countries provided support based on their own national security interests. As a result, some areas of the country refused aid provided directly or indirectly by certain countries. Thanks to our neutrality and our private donors worldwide, MSF obtained access to regions from which other organisations were banned.

Whether treating victims in a natural disaster, violent conflict, a nutritional crisis, or a contagious disease outbreak, MSF medical teams deliver assistance without regard to race, religion, or political affiliation. In the course of its work MSF may also speak out in an effort to bring a forgotten crisis to appropriate attention based on eyewitness accounts, medical data and experience.

It is these principles that have enabled and guided our work in countries such as Pakistan, Somalia, Afghanistan, Haiti, Libya and the Occupied Palestinian Territory - from where we bring you the latest updates in this issue. The activities described are just a few examples of the medical care our teams are providing in more than 60 countries.

Our relief workers continue to work in some of the most challenging and insecure contexts. And while aid workers are increasingly facing dangers in conflict zones around the world, MSF is devoted to continuing its worldwide medical relief work.

Alongside our dedicated field workers, it is our supporters around the world who enable MSF to deliver aid to people in need. So as we mark our 40th year, we would like to thank you for your continued support and interest – without which MSF's work would simply not be possible.

Ghada Hatim
Médecins Sans Frontières

What is MSF?

Founded in 1971 by doctors and journalists, Médecins Sans Frontières (MSF) / Doctors Without Borders is an international medical humanitarian organization.

MSF is neutral and impartial, delivering emergency medical care to people caught in crisis regardless of race, religion, or political affiliation.

MSF is independent from any political, economic or religious power. Ninety one percent of MSF's overall funding comes from private sources, not governments.

MSF is transparent and accountable. Every year, MSF provides detailed activity and financial reports including audited and certified accounts

MSF controls the entire chain of its medical services, from the independent assessment of needs to the delivery of medical care, and does not subcontract to other organizations.

In 1999, MSF received the Nobel Peace Prize

In 2002, MSF received the Emirates Health Foundation Prize

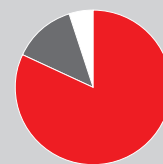
In 2004, MSF received the King Hussein Humanitarian Leadership Prize

MSF in numbers



Income

- Private 91%
- Public institutional 7%
- Other 2%



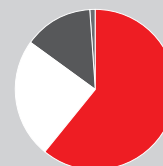
How was the money spent?

- Operations 82%¹
- Fundraising 13%
- Management, general and administration 5%



Event triggering intervention

- Armed conflict 31%
- Epidemic 42%
- Health exclusion 18%
- Natural disaster 8%



Project locations

- Africa 61%
- Asia 24%²
- Americas 14%
- Europe 1%

¹ programmes, HQ programme support cost, awareness raising and other humanitarian activities

² Asia includes the Middle East and the Caucasus

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MSF water distribution, Pakistan 2010
© Ton Koene



Families displaced by floods take refuge in makeshift tents on high land or elevated roadsides in Badin District, southern Sindh province. © P.K. Lee / MSF

Pakistan floods: MSF provides basic health care to displaced families

Just one year after Pakistan experienced its worst floods, the country has been hit by heavy monsoon rains and severe flooding. The floods have displaced tens of thousands of families in the southeastern province of Sindh, leaving them homeless and vulnerable to disease. MSF has been providing basic health care to displaced families living in camps or in tents on the roadside.

Badin district, in southern Sindh, was one of the worst affected areas. In Tando Bago, an eastern sub-district of Badin, land on both sides of the elevated main roads was still under water two months after the floods first struck.

Sanna* is a mother of two. Like many families in Badin, her house was totally destroyed by the floods. She and her family walked until they found a piece of land just high enough to escape the water. It soon became a camp for people displaced from their homes by the floods, with around 200 families living there.

The displaced people have used whatever materials they can find to build makeshift shelters, including branches, plastic sheeting

and leaves. People in the camp have limited access to clean drinking water and food.

Sanna was pregnant when the floods hit her village. Her baby was born, in her shelter in the camp, and the unhygienic living conditions mean her newborn son is particularly vulnerable to disease. "He has had diarrhoea since the first day he was born," says Sanna. "Maybe I will lose my son," she adds.

Following an assessment of health needs, MSF is running mobile clinics in camps for displaced people in Tando Bago sub-district, providing basic healthcare, free of charge, to people like Sanna and her baby.

The most common medical conditions are diarrhoea, respiratory tract infections, skin diseases, fever and malaria. MSF's team is also supporting staff in providing outpatient consultations at the Tando Bago Tehsil hospital.

MSF has provided jerry cans, soap and bed nets to more than 750 displaced families, and has distributed 48,000 litres per day of clean drinking water in villages and camps for displaced people.

The situation has improved since the last week of September. "In Tando Bago, water has started receding and displaced families are going back home, though some remain in camps or living under tents on the roadside," says Dr Erwin Lloyd Guillergan, MSF's emergency team field coordinator.

"We will continue our mobile clinics based on the needs in the camps. We will also keep monitoring the health situation, and explore the possibilities of providing safe water in the villages where the displaced people come from over the next few weeks. If there are any immediate, unmet health needs or the risk of diseases breaking out, as an emergency organisation, we will be ready to respond."

Currently MSF has seven international staff and 23 Pakistani staff working in Badin on the emergency response in the wake of the floods.

* Names have been changed to protect patient

MSF in Pakistan

Since 1986, MSF has been working in Pakistan with Pakistani communities and Afghan refugees who are victims of armed conflict and natural disasters or who lack access to medical care. MSF teams are currently providing free emergency medical care in Kurram Agency, Khyber Pakhtunkhwa, Baluchistan and Sindh provinces.

MSF relies solely on private financial contributions from individuals around the world and does not accept funding from any government, donor agency, or from any military or politically affiliated group for its activities in Pakistan.

Libya: Healing the psychological wounds

In Libya, where MSF teams have been helping hospitals treat the war-wounded, the fighting has also taken a heavy psychological toll on patients, medical staff and the civilian population. MSF has been running mental health programmes to provide psychological care in several war-torn towns and cities.

In a country which had not experienced war in over four decades, that has few psychiatrists, and where psychology is an often neglected and undervalued aspect of mental health, MSF has focused its psychological activities on helping to build and support networks of local psychologists.

Psychological services in Misrata

In Misrata, the scene of months of fierce fighting, MSF has helped establish a network of 30 local psychologists as part of its medical support in the city.

The psychologists are assisting patients receiving treatment in the city's main health facilities, as well members of the community outside the medical system.

"Prior to the war, there were only child psychology services in Misrata for treating conditions such as Down Syndrome or autism, nothing else, and even psychiatry wasn't really being offered effectively," said MSF psychologist Elias Abi-Aad.

"I learnt a lot from [MSF] trainings, especially how to deal with post-war trauma"

In addition to providing training in conducting basic therapy and consultations, MSF psychologists shared the psychological treatment tools developed throughout the organization's 40-year history of intervening in war contexts.

"Before I met MSF, my knowledge as a psychologist was very basic," said local psychologist Fatima Alalaych. "I learnt a lot from their trainings, especially how to deal with post-war trauma because we as Libyans never had this experience before and I had never treated these kind of patients."

Members of the network have been provided with guidance in recognizing trauma-related mental health symptoms and establishing clear referral criteria.



Following months of fierce conflict, parents and medical staff are concerned for the mental well-being of the children of Misrata. © Eddy McCall / MSF

MSF conducts regular training sessions and meetings to discuss practical issues such as how to conduct a consultation, establish a diagnosis, and provide follow-up treatment. In addition specialized information is shared on addressing disorders relating to the situation in Misrata.

Initially, the local community and medical staff were unaccustomed to these sorts of mental health activities. MSF staff explained the nature of psychological interventions and the need to address issues now in order to help prevent much worse consequences in the future.

Step by step, patients from completely outside the medical system began approaching the network for assistance, as well as overworked local medical staff who were suffering from stress and anxiety.

As recognition grew of the growing need for psychological care in the general community, the network gradually found its place within the package of care provided to patients in Misrata.

"People have started to show psychosomatic symptoms even if they were not injured physically by the war"

In addition to referrals from local medical staff, men, women and children are being treated by the network for anxiety, depression, post-traumatic reactions, psychosomatic complaints and behavioural disorders.

These psychological conditions are caused by factors such as loss of family members and friends, the experience of constant shelling of the city, displacement, significant physical injuries and handicaps, and fear for the future.

"In the last few months, people have started to show psychosomatic symptoms even if they were not injured physically by the war," said Fatima.

"Those sort of symptoms normally appear five-to-six months after the traumatic experience but we are already starting to see more and more of these sorts of disorders such as depression, anxiety, and various neuroses in children such as bedwetting and aggressive and violent behaviour."

The network's psychologists are in close contact with Misrata's pediatric wards and provide information to local pediatricians on identifying mental health issues.

Since becoming fully established at the beginning of June, the network has treated around 200 patients. MSF plans to continue the programme to consolidate psychological services in Misrata's health system and expand the treatment offered to the local population.

MSF teams in Misrata are also providing medical and psychological support in many prisons in the town. Most of the detainees are soldiers who have been taken prisoner by the new authorities.



MSF psychiatrist Barbara Martini conducts training with psychologists in Misrata. © Benoit Finck / MSF

Mental health in other towns and cities

Elsewhere in Libya, MSF has been providing psychological support to people affected by fighting in Yefren, Zintan, Benghazi and Tripoli.

In Zintan, MSF is providing psychological support in health centres. The main problems have been depression and anxiety related to traumatic events, grief, and loss. MSF teams have also been reaching out to the people living in surrounding communities through public awareness raising and community mobilization.

“In Zintan alone, all the civilians we had spoken to had lost a family member or friend in the conflict. Grief and loss was a significant psychological concern, in terms of mourning the death of loved ones, or living with the uncertainty of not knowing if a loved one was alive or not,” said Juliet Donald, MSF psychological coordinator in Zintan.

“In crisis situations, like war, many people are unable to adequately process the death of loved ones as they are preoccupied with day to day survival. We saw many cases of unresolved grief or complex grief reactions.”

In Benghazi, MSF has been supporting and training a network of more than 40 Libyan psychologists. The network has been providing psychological support to patients in health facilities as well as to displaced people living in camps around the city.



In many prisons in Misrata MSF teams have been providing medical care and psychological support to detainees, mostly soldiers who have been taken prisoner. © Benoit Finck / MSF

In Tripoli, an MSF psychologist has been providing mental health support in Tripoli's Central hospital. During the conflict, MSF staff also provided psychological support to migrants sheltering in sites in Tripoli and its surroundings.

“The impact of the war will take time to process and heal.”

Looking ahead, psychological care for civilians and those directly involved in the war will continue to be critical in Libya's road to recovery.

Juliet Donald says, “The impact of the war will take time to process and heal. For that reason alone, psychology and mental health will play a crucial role in the well-being of the Libyan people.”

MSF in Libya

MSF has been present in Libya since February 25, and has been working in Benghazi, Misrata, Sirte, Tripoli, Yefren, Zawiyah, Zintan, and Zlitan. The MSF team of 44 Libyan staff and 30 international staff has been providing surgical services, medical care including post-operative care, mental health care, training and pharmacy support.

MSF relies solely on private financial donations to fund its activities in Libya and does not accept funding from any government, donor agency, or from any military or politically affiliated group.



MSF staff helping some of the Somali people who have fled their homes south of Mogadishu. © Feisal Omar

Somalia: Surviving in the ruins of Mogadishu

Ravaged by 20 years of civil war, the Somali capital has been experiencing an influx of displaced people since July. Providing aid to people who have fled hunger and fighting is a constant challenge in this chaotic urban setting.

Since July, more than 150,000 Somalis have left the provinces of the country's central region—Bay, Bakool, Hiran, Lower and Middle Shabelle—seeking refuge in Mogadishu.

Deka, a 26 year-old woman, left Lower Shabelle after her cows died. "I traveled with my son on the top of a truck for two days to reach Mogadishu and find my cousins in the Barwako camp," she says.

"People from MSF told me that my son was suffering from malnutrition, so I went with them to their hospital. My son is starting to get better, and I am, too, because I am fed here."

Thousands of people like Deka are fleeing to Mogadishu, driven by failing harvests, livestock dying because of drought, increasing prices and perpetual insecurity.

Measles is among the biggest threats

This kind of exodus poses a host of health problems. But measles currently is among the biggest threats to the survival of tens of thousands of children weakened by severe malnutrition. To help halt the spread of the disease, MSF vaccinated more than 40,000 children under the age of 15 between early August and the beginning of October.

"That sounds like a lot, but if we are to have any hope of stopping the epidemic, we'd have to vaccinate at least 10 times that number," explains MSF medical manager, Dr. Andrias Karel Keiluhu. "Logistical and security constraints limit our goals."

Humanitarian aid organizations are struggling to access the most affected areas because of the ongoing conflict. That is why Somalis are migrating in such great numbers, hoping to find aid in Kenya, Ethiopia and the Somali capital.

Like Deka, most of the new arrivals move into existing camps, swelling their already sizable populations. Others have settled in the few unoccupied spots remaining in the city. Their makeshift housing, assembled from bits of wood and plastic, is scattered among the ruins of the capital. More than 200 sites of varying size have been identified.

Deploying aid in this patchwork of shantytowns is particularly complicated. The camps empty out during the day as residents leave in search of food.

"If prices continue to rise, the entire population of the city will soon be unable to feed itself without external assistance."

"Food distributions are still irregular and inadequate," says MSF program coordinator Eymeric Laurent-Gascon. "Some of the displaced persons have not received any food since they arrived and are relying on help from those around them."

"Several NGOs have set up feeding centers with food purchased on local markets, but this has led to significant inflation. If prices continue to rise, the entire population of the city will soon be unable to feed itself without external assistance."

The percentage of children suffering from malnutrition may vary from 5% to 50% across the camps, depending on how long ago they arrived and their access to distributions of food and water. Recent arrivals are generally in the worst shape.

In Mogadishu, MSF is managing four inpatient therapeutic feeding centres where the most serious cases are hospitalized. In September, nearly 500 children were treated there.

In addition, mothers who come to any of the dozen MSF outpatient treatment centres receive a weekly supply of ready-to-use therapeutic foods, composed of peanut butter enriched with essential nutrients, for their young children. To date, more than 5,000 children have benefited from these products.

Mogadishu's population is currently estimated at more than one million, half being displaced persons. Medical needs far exceed available health services and more people continue arriving daily.

The displaced people are living in precarious health conditions, their immune systems already weakened by poor nutrition. Many have never been vaccinated. Infectious diseases – including cholera, pneumonia, dengue fever and malaria – are common in the city and the rainy season, which will begin in October, could increase their spread.

"The deadly attack reminded us that periods of calm are often temporary in Mogadishu."

Though a massive truck bomb killed dozens of people in the capital on October 3, the situation there, relative to times past, has been fairly stable of late. "That could change, so it's ever more urgent to provide as much assistance as possible in the near term," says MSF head of mission Thierry Goffeau.

"New humanitarian actors have arrived. It is now critical that everyone work together to identify and meet the population's needs, while remaining very watchful. The deadly attack reminded us that periods of calm are often temporary in Mogadishu."

MSF's scaled-up response in Mogadishu

MSF has significantly scaled up its operations in Mogadishu in response to the current malnutrition crisis and the large numbers of displaced people arriving in the capital. Teams are focusing on treatment for malnutrition, measles and cholera.

In the three months from August to October, MSF teams have:

- Been running 15 outpatient treatment centres to treat malnourished children and distribute ready-to-use therapeutic foods.
- Opened four inpatient facilities where over 1000 severely malnourished children with medical complications have been treated.
- Vaccinated more than 60,000 children against measles.
- Set up cholera treatment facilities where 267 people have been treated.



Displaced people gather in makeshift tents near the ruins in Hodan neighbourhood, one of the most destroyed parts of Mogadishu. © Martina Bacigalupo / Agence VU



An MSF therapeutic feeding centre in Hodan District, Mogadishu, where children suffering from malnutrition with complications are provided with 24-hour care. © Yann Libessart / MSF



Medical and logistical goods for treating malnutrition, cholera and measles are offloaded at Mogadishu's airport. © Feisal Omar

South Sudan

MSF condemns large-scale attack on civilians

On August 18, hundreds of people were killed and hundreds more wounded during an armed attack on the town of Peiri and 12 surrounding villages in Jonglei State, South Sudan. MSF facilities were also burned and looted during the raid.

MSF treated more than 100 patients in the town of Peiri and referred another 57 injured to its other medical facilities in Jonglei State. The majority of the referred cases were women and children with gunshot wounds.

"It is difficult to imagine the scale of this attack, this is so huge, we are still trying to assess all the casualties, the wounded and the damage," said MSF head of mission, Jose Hulsenbek. "The South Sudanese authorities, the international community and other aid organizations should quickly step in to assist the victims of these large scale killings."

Two members of MSF's South Sudanese staff were confirmed to have been killed, one of them was killed together with all of her household members. Another staff member reported that he has had to bury 16 members of his family as a result of the violence. One member of MSF's South Sudanese staff remained unaccounted for and is presumed to have died in the attacks as well.

MSF's compound and clinic were also looted and partly burned down during the raid.

"We condemn this attack on our medical facilities and the killing of our staff in the strongest terms," said Jose Hulsenbek. "This is totally unacceptable. Medical facilities should always be respected as places of neutrality where patients and medical staff should have no fear of attack."



South Sudan: Part of the MSF clinic compound after it was looted and partially burned during a raid on Peiri and surrounding villages on August 18. © MSF

Yemen

MSF suspends its medical activities in Saada

On 26 September MSF had to interrupt its work in Al Talh and Razez hospitals in the Saada governorate of Yemen after local authorities set new conditions for humanitarian activities in the region.

The new conditions include an end to all independent assessments of medical needs within the governorate, a ban on international staff supervising activities and the obligation to replace all Ministry of Health staff working with MSF with staff proposed by the Executive Council, amongst others measures.

"These new conditions would greatly affect our possibility to guarantee the quality and effectiveness of our work", says Dr Vipul Chowdhary, MSF representative in Yemen. "We had no choice but to suspend our activities."

In Al Talh and Razez, MSF was supporting two Ministry of Health hospitals covering a catchment area of almost 400,000 people. In Al Talh, secondary healthcare, including surgical services, were provided. In Razez, MSF provided primary and emergency healthcare, nutritional recovery and maternity care.

The organisation is currently willing to engage in discussions with local authorities to define acceptable conditions in which to run independent humanitarian activities.

"We hope to find a common ground with local authorities in order to restore previous conditions which have allowed us to provide valuable medical services for the past four years. MSF is willing to continue its medical emergency activities for the sake of the population", says Dr. Chowdhary.

Gaza Strip

Specialised reconstructive surgery

In September, 24 patients received treatment in MSF's reconstructive surgery programme in Gaza. The treatment was part of a surgery mission conducted by a visiting MSF hand surgeon.

Many Gaza residents suffer from disabling wounds following the Israeli military's December 2008 "Cast Lead" offensive, and as a result of a growing number of domestic accidents*. These wounds require highly-specialised reconstructive surgery after the initial medical-surgical treatment. However, with the embargo currently in effect, it is very difficult to obtain access to appropriate, specialised care in Gaza.

In July 2010, MSF signed an agreement with the Gaza health authorities and opened a reconstructive surgery programme. Several times a year, MSF teams composed of surgeons, operating room nurses and anaesthetists conduct ad hoc missions, during which they work closely with surgeons and hospital teams from Nasser Hospital in Khan Yunis, in the southern Gaza Strip.

Our patients have complicated injuries or severe burns that affect the normal use of their limbs. After their surgery, they receive rehabilitation treatment (bandages and physical therapy) in one of MSF's two clinics in Gaza. The objective is to ease their pain, help them to regain adequate mobility and, to the extent possible, reduce the social and psychological impact of their wounds.

*The blockade on Gaza means there are fuel shortages and daily power cuts. As a result, people try to make do with generators, contraband gas canisters, candles, and oil lamps that can lead to serious domestic accidents.



Gaza: Surgery at Nasser Hospital in Khan Yunis © Isabelle Merry / MSF



Haiti: Children delivered at MSF's newly inaugurated obstetric hospital in Port-au-Prince © Yann Libessart / MSF

Haiti

MSF inaugurates new maternity hospital

On August 18, MSF officially inaugurated its new specialized emergency obstetric care hospital in the Delmas neighborhood of Port-au-Prince, Haiti.

The hospital is called CRUO – Centre de Référence en Urgences Obstétricales (Referral Center for Obstetric Emergencies). The facility began treating patients in March of this year.

MSF built CRUO following the destruction of its previous emergency obstetric care hospital, in the January 2010 earthquake.

The new 122-bed facility provides 24-hour free care for women who are experiencing a range of serious, often life-threatening complications in their pregnancies. Since March, more than 1,700 women have delivered at CRUO, including 380 in the first two weeks of August alone.

CRUO offers a full range of reproductive health care services, and is staffed primarily by Haitian health professionals and support staff. It is equipped with its own laboratory, blood bank and pathology department.

MSF continues to work closely with the Haitian Ministry of Health to help reduce Haiti's extremely high levels of maternal mortality, and has been providing emergency obstetric care to Haitian women since 2006.

Since the earthquake in January 2010, MSF has opened five hospitals and has been fighting a massive cholera epidemic throughout the country.

Afghanistan

MSF opens surgical hospital in Kunduz

As violent conflict continues in northern Afghanistan, MSF has opened a 55-bed surgical hospital in Kunduz Province.

Fighting over the last year in Kunduz has led to large numbers of people who have sustained bomb blast, shrapnel, and gunshot wounds, and who are in need of specialized surgical care.

The new MSF hospital, which opened August 29, 2011, provides urgent surgical care and follow-up treatment for people suffering life-threatening injuries.

The MSF Kunduz Surgical Hospital, the only trauma center of its kind in northern Afghanistan, is equipped with an emergency room, two operating theaters, an intensive care ward, and X-ray, and laboratory facilities. There are separate male and female inpatient wards.

MSF services are completely free of charge and available to anyone meeting the admission criteria – which includes anyone that is either violently or accidentally injured.

"The only label we use is 'patient'," said Dr. Dorian Job, MSF medical coordinator in Afghanistan. "Every injured person has the right to receive medical treatment, and we make no distinction between civilian and combatant."

In all locations where MSF is working in Afghanistan, a strict no-weapons policy is implemented to ensure patient safety and security.

It is imperative that no armed people are present in medical structures. Such a presence could make the facilities targets of attack.

It is the duty of all parties to a conflict to respect the rules of international humanitarian law, including those concerning the protection and respect of medical structures, medical personnel, and patients.

MSF teams also work in Ahmed Shah Baba Hospital in eastern Kabul, and Boost Hospital in Lashkargah, Helmand Province. In both locations, MSF provides free-of-charge lifesaving medical care, working in all wards of the hospitals.

MSF relies solely on private donations for its work in Afghanistan and does not accept any government funding.



A 12 year old boy being treated for a gunshot wound in the MSF surgical hospital in Kunduz. © Olof Blomqvist / MSF

MSF through the years



Maintaining independence is crucial for carrying out humanitarian work worldwide, especially in conflict-ridden countries like the Democratic Republic of Congo.
© Remco Bohle

Forty years of independent medical relief work

In December 1971, a small group of doctors and journalists in France created Médecins Sans Frontières with the aim of responding to emergencies anywhere in the world. Since then MSF staff have been working in war zones, regions devastated by natural disaster, and countries struggling with epidemics, to offer medical treatment and care. We take a brief look at MSF's principles of independence that have guided and enabled our work through the years.

Looking back

Following its creation, the organization's first large-scale medical programme was in 1975 for the Cambodians refugees fleeing the Khmer Rouge and seeking refuge in Thailand. In 1976, teams of MSF doctors and nurses provided care to civilian victims in a Beirut hospital, in what was MSF's first encounter with war surgery.

Many more humanitarian situations challenged the commitment, medical ethics and principles of MSF – from famine in Ethiopia, war in the former Yugoslavia, and genocide in Rwanda, to the provision of treatment for HIV/AIDS and neglected diseases.

These crises shaped, influenced, and reinforced every decision taken by MSF to quickly respond to crises and save as many lives as possible.

Throughout the years MSF has upheld the same ideals – to be able to go wherever needed, to provide quality care and treatment and to speak out against suffering of people in distress.

In 1999, MSF was awarded the Nobel Peace Prize for its 'pioneering humanitarian work on several continents'. Today there are more than 27,000 MSF staff around the world, and in 2010, MSF treated seven million patients.

MSF's independence lets it cross geographical boundaries and respond to emergencies.

"Independent humanitarianism is a daily struggle to assist and protect. In the vast majority of our projects it is played out away from the media spotlight, and away from the attention of the politically powerful. It is lived most deeply, most intimately in the daily grind of forgotten war and forgotten crisis."

James Orbinski
International President of MSF
Nobel Peace Prize Speech, 1999

Impartiality: Delivering aid based on people's needs

MSF has always focused on assisting the victims of conflict and disasters without siding with any particular viewpoint. In conflict areas, MSF's complete independence, neutrality and impartiality is what allows our access to populations in need of emergency medical assistance.

It is increasingly important to focus on our impartiality, at a time when humanitarian aid is often posed and used as an instrument for political or military objectives. MSF ensures that aid is provided based on assessments of needs and consideration of risks without the influence of any government, or military or politically affiliated group, or the media.

Financial independence: The key to the ability to act independently

Financial independence is crucial for MSF to be able to provide care according to people's needs. In 2010, 91 percent of MSF's overall funding came from the general public – over 5.1 million donors worldwide. It gives us freedom of action and allows us to decide when and where we should work based on our expert assessment of the humanitarian situation without any external pressure.

In countries and regions with highly political environments that have been influenced by international political agendas, MSF activities are funded exclusively by private donors. This includes



In Pakistan MSF's financial independence means MSF has been able to provide assistance in regions where other international organizations were banned. Pakistan 2005 © Bruno Stevens / Cosmos

countries like Afghanistan, Armenia, Chechnya, Colombia, Dagestan, Georgia, Ingushetia, Iran, Iraq, Jordan, Occupied Palestinian Territory, Pakistan, Russian Federation, Turkmenistan and Uzbekistan.

Independent voice: Speaking out to draw attention to the plight of victims

MSF medical teams often witness violence, atrocities, and neglect in the course of their work, largely in regions that receive scant international attention. At times, MSF may speak out publicly in an effort to bring a forgotten crisis to public attention, to alert the public to abuses occurring beyond the headlines, to criticize the inadequacies of the aid system, or to challenge the diversion of humanitarian aid for political interests.

Independent medical practice: Striving for a better way to save lives

For MSF, independence also means creating tools that are adapted to the needs of our teams in the field. Since the seventies MSF has been continuously adapting its medical practices and techniques to improve the quality of care provided and the conditions under which they are delivered. MSF also acts to defend access to essential drugs and encourage innovation in medicine – something that is crucial to improving the health of the most disadvantaged people across the world.

See a short film and an interactive timeline about MSF's 40 year history on www.msf-me.org.



MSF speaks out about the suffering of civilians in danger in numerous conflict areas, such as the Occupied Palestinian Territory. Israeli checkpoint 2002 © Juan Carlos Tomasi



MSF developed an outpatient medical protocol using ready-to-use therapeutic food that has become the worldwide standard of care for treating children with severe acute malnutrition. Somalia 2011 © Yann Libessart / MSF



In conflict zones such as Afghanistan, MSF's complete independence, neutrality and impartiality is what negotiates our access to populations in need of emergency medical assistance. Afghanistan 2010 © Ton Koene



Children show their vaccination cards at a health centre in the Democratic Republic of Congo. © Gwenn Dubourthoumieu

Measles epidemics on the rise

Measles, a highly contagious viral disease mainly affecting children, has been making a rapid come back after years of progress in the fight against the disease. Many countries, particularly in Africa, are currently affected by large-scale measles epidemics as a result of poor vaccination coverage.

In the years between 2001 and 2007 the temptation to believe that measles had been eradicated began to grow. In 2007, only 32,000 cases were registered, the lowest number ever reported.

A resurgence of measles cases since 2008 however is revealing flaws in efforts to fight the disease. In 2010, 28 countries declared measles epidemics with 223,000 cases and 1,200 deaths reported. 2011 has been equally disastrous.

Since 2008, MSF has responded to epidemics that have expanded over time. In 2010, for example, more than 4.5 million children were vaccinated in emergencies in many countries, including Chad, Malawi, South Africa, Yemen and Zimbabwe.

This year, medical teams in the Democratic Republic of Congo (DRC) vaccinated three million children, but could not halt the epidemic. Despite data showing the urgent need for action, actors in the field were slow to organize.

The DRC is no exception. Most countries that experience these epidemics do not adequately mobilize the resources available to them and organize vaccination campaigns.

"The fight against measles is no longer seen as a political priority – not within ministries of health, which must make trade-offs for public health, and not by donors, who are reducing funding," said Gwenola François, measles vaccination campaign manager in the DRC.

Flaws in prevention activities and weaknesses of vaccination campaigns have meant that an increasingly large group of children at risk of measles has formed over the years and has become large enough to trigger an epidemic.

MSF calls for an all out effort against measles

On September 13-14, 2011, the Measles Initiative met in Washington, D.C., bringing together organizations seeking to eliminate measles worldwide. MSF called for action to be taken against the resurgence of epidemics and for an effective outbreak response mechanism to be established.

"We know for a fact that there will be additional epidemics in the near future," said Florence Fermon, MSF's vaccination coordinator. "It would simply not be right to wait for them to occur. We need an effective system to anticipate and prepare for the coming outbreaks."

The resurgence of measles was taken on board by most of the organisations present at the Measles Initiative meeting. Now the technical and financial means need to be quickly mobilized to prepare for the coming epidemics.

A not-so-harmless disease

Measles, a viral disease, mainly affects children, causing fever, respiratory infection and rashes. Complications can lead to convulsions, blindness, impaired mental development, and even death.

Although reported deaths often make up less than 1% to 2% of all cases, studies indicate that 2.8% to 7% of cases actually die, but are not officially reported.

In the absence of treatment, and in certain unstable environments, measles can cause death in 5% to 20% of patients.

Read our report on page 5 to see how measles is one of the biggest threats to the survival of tens of thousands of malnourished children in Somalia.

Urban Survivors A journey through the world's slums

More than 800 million people around the world now live in slum conditions. That's one in every 10 people living on the planet.

Urban Survivors is a multimedia project by MSF in collaboration with the NOOR photo agency and Darjeeling Productions designed to highlight the critical humanitarian and medical needs that exist in urban slums the world over.

Visit the Urban Survivors website to take a virtual journey through the slums and discover more about the daily lives of people in these slums, the humanitarian issues they face, and what MSF is doing to address these problems.

Urban Survivors features photo material by renowned, award-winning NOOR photographers, taken in five slums – Dhaka, Karachi, Johannesburg, Port-au-Prince and Nairobi.



www.urbansurvivors.org



Medical Innovations in Humanitarian Situations

'Medical Innovations in Humanitarian Situations' explores how the particular style of humanitarian action practiced by MSF has stayed in line with the standards in scientifically advanced countries while also leading to significant improvements in the medical care delivered to people in crisis.

Through a series of case studies, the authors describe and analyze the emergence of new medical practices in humanitarian situations. They reflect on how medical aid workers dealt with the incongruity of practicing conventional evidence-based medicine in challenging contexts that require unconventional approaches.

In a related webcast, MSF held a panel discussion which looked at how innovations introduced over the past 40 years have improved the organisation's medical humanitarian work.

Watch a recording of the event to learn how changes to drug regimens improved malaria treatment, how creative staffing solutions allowed MSF to treat more people living with HIV/AIDS, how ready-to-use-foods and new treatment models have revolutionized the fight against global malnutrition, and how medical innovations can address current and future challenges.

You can purchase the printed book from Amazon.com, or download a free PDF version at www.msfacecess.org where you can also view the webcast.

photo gallery

Kenya: Nutrition Programme in Turkana

In the Turkana region in northwestern Kenya there have been emergency levels of malnutrition in several areas due to severe drought that has been killing off livestock and stifling crop growth over the past year.

While there are far fewer severely malnourished children in Turkana than in Somalia, and this extremely isolated region has received much less attention, the crisis here is still very real.

Based on the results of an assessment, MSF teams have been distributing food aid and running five mobile clinics for severely malnourished children since July.

The MSF projects have been running in two areas in Turkana - Lapur and Kibish - where few humanitarian agencies have been present.

Photographs: July 2011 © F. Zizola / NOOR

TAKE ACTION

www.starvedforattention.org

Donate your Facebook / Twitter profile for ONE DAY allowing MSF to send three messages to your network about malnutrition.

This will help MSF draw attention to the crisis of childhood malnutrition that affects 195 million children around the world.



An MSF nurse measures a baby's weight as part of a medical check-up during a mobile clinic visit to Nalemsokon village.



إبروان ناكوشو بقي على قيد الحياة في فترات الجفاف بفضل ماشيته، غير أن الجفاف الشديد الذي حل هذه السنة، أنفق ماشيته.

Eruwan Nakucho used to have enough livestock to survive drought periods. However, this year's severe drought has decimated his livestock.



استشارة في عيادة متنقلة تابعة لمنظمة أطباء بلا حدود في قرية كوكورو.

A consultation during an MSF mobile clinic visit in Kokuro village.