

# THE PULSE

BRINGING MEDICAL HUMANITARIAN ACTION TO YOU



MEDECINS SANS FRONTIERES  
DOCTORS WITHOUT BORDERS

FEBRUARY 2020

## GREECE

CRISIS POINT IN  
CROWDED CAMPS

## CERVICAL CANCER

PREVENTION AND  
CARE IN ZIMBABWE



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CRISIS  
POINT IN  
GREECE



© Masha Kadandara/MSF

Nurse Thondlana Evans screens a woman for cervical abnormalities using VIAC (visual inspection with acetic acid and cervicography) at Chitando Hospital, Gutu, Zimbabwe. Read about our work in Gutu on page 12.

### ABOUT MÉDECINS SANS FRONTIÈRES

Médecins Sans Frontières is an international, independent, medical humanitarian organisation that was founded in France in 1971. The organisation delivers emergency medical aid to people affected by armed conflict, epidemics, exclusion from healthcare and natural disasters. Assistance is provided based on need and irrespective of race, religion, gender or political affiliation.

When Médecins Sans Frontières witnesses serious acts of violence, neglected crises, or obstructions to its activities, the organisation may speak out about this.

Today, Médecins Sans Frontières is a worldwide movement of 24 associations, including one in Australia. In 2019, 175 field positions were filled by Australians and New Zealanders.

### Front cover:

An Afghani woman sits with her child, who has autism, in their shelter in a camp on the island of Lesbos, Greece. "I want a place where my daughter can play and a place where she can be seen by a good doctor." © Anna Pantelia/MSF

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BY JENNIFER TIERNEY

 EDITORIAL

# Combatting cervical cancer where it's most deadly



**This International Women's Day, Médecins Sans Frontières is highlighting the urgent need to increase cervical cancer prevention and care for some of the world's most at-risk women.**

**A**s I write this, my first editorial for *The Pulse*, I can't help but feel a deep sense of gratitude for the opportunity to return to this organisation after 10 years away. It is a true privilege to work with this dedicated team of professionals and volunteers here in Australia and New Zealand, and to steward your generous support. I am very much looking forward to meeting many of you.

I've been quickly reminded of how Médecins Sans Frontières is constantly questioning how we can contribute where we are most needed, to save lives and alleviate suffering. This question presents us with new medical challenges, one of which is how our organisation cares for people with cancer.

Cancer is a growing public health challenge around the world. The World Health Organization (WHO) lists cancer as the second leading cause of death globally, and in 2018 it estimated there were more than a million new cases of cancer in Africa.

Cervical cancer is one of the most fatal cancers globally, and for Médecins Sans Frontières represents an area of growing commitment as part of our work on women's reproductive health. A complex, invasive cancer usually caused by the human papillomavirus (HPV), it is also one of the few cancers that is almost entirely preventable. Yet more women now die from cervical cancer than from pregnancy-related causes. In 2018, it affected more than half a million women globally and killed approximately 311,000: a medical crisis.

Australia is a 'success story' when it comes to cervical cancer prevention. The first country in the world to initiate a fully funded national HPV vaccination program, with a national HPV screening program also in place, we are on track to be the first nation to eliminate cervical cancer as a public health problem.

In contrast, the burden of cervical cancer remains extremely high in some countries. More than 85 per cent of deaths from cervical cancer occur in low- and middle-income countries.

Cervical cancer can be prevented through vaccination and screening, and managed through surgery and palliative care. But vaccination is not available equally around the world, and many girls most at risk of HPV infection and development of cancer are not being vaccinated. In many low-resource settings, high-tech screening methods are not typically feasible and treatment options like surgery, chemotherapy and radiotherapy are often not available.

Médecins Sans Frontières identified that we could fill a gap and make a difference for women when it comes to cervical cancer care, and since beginning activities in this area in 2012, our capacity has grown. In 2018, we saw 20,000 patients in our screening and treatment programs in five main projects, in Zimbabwe, Eswatini, the Philippines, Malawi and Mali.

In Zimbabwe, where the incidence of cervical cancer is 62.3 per 1,000 women – more than 10 times what it is in Australia – our teams are providing screening and treatment of pre-cancerous lesions and referring women

for hysterectomy for cancer (see page 12). In Malawi, we have just opened a cervical cancer surgical program, and we're offering palliative support in both Malawi and Mali. These projects represent our contribution to prevention and care in countries with the highest burden of cervical cancer in the world.

I'd like to acknowledge that as I began this new role, Australia was entering its third month of a devastating bushfire emergency. I, along with my colleagues, extend my condolences and support to those of you who have been affected. Just as we have with cervical cancer, in the face of the fires we stopped to ask, "how can we contribute, and are we needed?" here in Australia. We spoke with many of the first responders and the conclusion was that there are currently adequate resources to meet the medical humanitarian needs from these fires. We know the health impacts, specifically mental health and respiratory, are significant, and we will continue to monitor for opportunities to support the Australian community should our expertise be needed.

Thank you for taking the time in your busy lives to keep abreast of what is happening with our patients and field teams. To keep in touch online, follow me on Twitter at @JenniferT\_MSF. I look forward to understanding more about your questions, thoughts and concerns.

**Jennifer Tierney**  
Executive Director  
Médecins Sans Frontières Australia

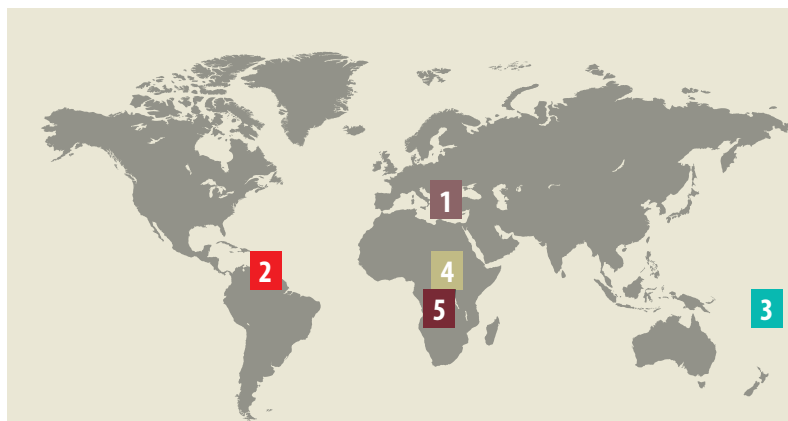
**Follow up online as we mark International Women's Day 2020 on [www.msf.org.au](http://www.msf.org.au).**



1 GREECE

“[Our child patients] have survived war and persecution, but months in unsafe places like Moria have driven many over the edge.”

DR CHRISTOS CHRISTOU, INTERNATIONAL PRESIDENT OF MÉDECINS SANS FRONTIÈRES, ON THE SITUATION FOR PATIENTS TRAPPED ON THE GREEK ISLANDS. READ MORE ON PAGE 6.



2 VENEZUELA

### Tackling malaria in the mines

Médecins Sans Frontières has been working alongside the Ministry of Health to support the National Malaria Program in Bolivar state, Venezuela, since 2016. Bolivar’s Sifontes municipality has the highest number of malaria cases both in Venezuela and in Latin America. Our teams work in diagnostic outposts and treatment facilities across Bolivar, including some located within the gold mines where many people seek work. In 2019 in Venezuela, our teams treated more than 85,000 people for malaria, performed 250,000 malaria diagnostic tests, carried out health promotion sessions for 55,000 people, distributed 65,000 mosquito nets and fumigated 530 households to protect against malaria. In 2019, malaria cases in Sifontes decreased by around 40 per cent.



A Médecins Sans Frontières health promoter weighs a young boy at a malaria diagnostic outpost in Bolivar state.

© Adriana Loureiro Fernandez/MSF



In 2019 in Bolivar state, Médecins Sans Frontières treated more than 85,000 people for malaria

3 SAMOA



© Rodolphe Brauner / MSF

### Measles emergency

When a measles outbreak swept through Samoa in late 2019, Médecins Sans Frontières responded to a call for more support for the local response. Our team focused on supporting district hospitals where the majority of uncomplicated cases were presenting, as well as strengthening infection prevention and control. Together with the Samoan Ministry of Health and the Australian Medical Assistance Team (AUSMAT), the team further developed the protocol for uncomplicated cases – ensuring systematic use of vitamin A for all measles cases – and trained staff in using it.

Vitamin A is crucial to reducing the severity of complications of measles, especially in children under five years old. “From Médecins Sans Frontières’ experience responding to measles outbreaks globally, we know the importance of vitamin A,” says Melissa Hozjan, paediatric nursing advisor based in Sydney, and a member of the team who travelled to Samoa. “Children with pre-existing low vitamin A stores are more vulnerable to severe complications of measles such as blindness, and respiratory disease.” Many children who survived may face ongoing health issues as a result of measles infection.

The Médecins Sans Frontières team provides a briefing on the measles protocol at a district hospital in Samoa.

#### 4 SOUTH SUDAN

A woman takes water from a Médecins Sans Frontières water point in Pibor town, Boma state.



## Emergency flood response

Médecins Sans Frontières teams are bringing care and essential supplies to areas devastated by flooding in South Sudan. The floods have affected hundreds of thousands of people across 27 areas of the country. Many have lost their homes, crops and cattle, are displaced and are struggling to reach basic lifesaving services such as healthcare. We are working in Ulang, Pibor, Maban and Lankien, continuing to provide hospital care as before the floods, as well as distributing items including plastic sheets for shelter, cooking pots, mosquito nets and clean water. Teams continue to see many cases of malaria, lower respiratory tract infection, acute watery diarrhoea and eye and skin infection. We are also providing water and sanitation support, as well as surveillance to monitor for potential outbreaks of waterborne diseases.



TEAMS DISTRIBUTED  
**1,958 RELIEF  
ITEM KITS**  
TO PEOPLE AFFECTED BY  
FLOODING IN LANKIEN

#### 5 DEMOCRATIC REPUBLIC OF CONGO

## Ebola outbreak ongoing

Eighteen months since the declaration of the Ebola outbreak in Democratic Republic of Congo, it is still not under control, and more than 2,200 people have died from the virus. While there have been positive signs that the number of Ebola cases is slowly reducing, the outbreak remains a serious public health concern and it is unclear when it may end. In recent months, efforts to contain the outbreak have been hindered by the volatile security situation and an increase in violent attacks against medical facilities, staff and patients. In 2019, there were more than 300 attacks on Ebola health workers, resulting in six people killed and 70 wounded.

Médecins Sans Frontières is working alongside the Ministry of Health across Ituri, North Kivu and South Kivu provinces. Our teams are providing patient care in two Ebola treatment centres in Beni and Goma, managing decentralised isolation and transit centres for suspected Ebola patients and reinforcing health promotion and disease surveillance. We continue to support other health structures, including with treatment for common illnesses, water and sanitation activities, triage and infection prevention and control activities. In November 2019, our teams started vaccinating people who had consented to participate in a clinical trial of the second investigational vaccine for Ebola.

Medical staff attend to a patient with suspected Ebola in a transit centre in Bunia.



© Pablo Garrigos/MSF

## JOIN OUR TEAM

Find out more about becoming a Médecins Sans Frontières field worker at one of our upcoming recruitment information evenings. Additional information evenings are scheduled in Australian and New Zealand cities throughout the year.

## INFORMATION EVENINGS

Tues 16 June *Sydney*  
Tues 18 Aug *Perth*



PAST WEBINARS ARE  
ALSO AVAILABLE ONLINE  
TO WATCH ON DEMAND.

Visit [msf.org.au](https://www.msf.org.au) for details on all our recruitment events.



GREECE



10.7 MILLION  
POPULATION (APPROX.)



41,300 people are  
trapped on the  
Aegean islands,  
29% of whom  
are children

In July 2019,  
our Lesbos  
mental health  
team saw a



200%

INCREASE IN  
CHILDREN REFERRED  
TO THEM FOR CARE

# A state of emergency in Europe



Children walk through the 'Olive Grove', an area outside the official Moria refugee camp on Lesbos.

**Médecins Sans Frontières is calling for the removal of people from camps on the Greek islands where thousands seeking safety are held in squalid and overcrowded conditions.**

In Moria refugee camp, on the island of Lesbos, Greece, 12-year-old Zeynab shares a tent with six of her family members and four other families. She was diagnosed with a brain tumour in Turkey at the beginning of 2019 before coming to Greece. Now, in the camp, Zeynab often suffers epileptic seizures.

"A few days ago, she had a seizure in the middle of the night, but no one was here to help us," says her brother.

There are currently around 41,300 people seeking protection who are trapped in 'hotspots' on the Aegean islands. This includes 19,000 people stranded in and around Moria camp on Lesbos, despite an official camp capacity for only 2,840. In Vathi camp on Samos, 7,200 people are crammed into a space designed for 648, with the majority of people living in an area outside of the camp known as 'the Jungle'. People must survive in unsafe and unsanitary

conditions, with tents, toilets and showers shared between many and little protection from the weather. There is a lack of clean water and basic services including medical care. While Médecins Sans Frontières teams treat hygiene-related conditions such as vomiting, diarrhoea, skin infections and other infectious diseases every day, people are likely to get sick again due to the living conditions in the camps.

"This is not a new emergency," says Tommaso Santo, Head of Mission in Greece. "The severe overcrowding in the hotspots is a policy-driven crisis harming thousands of men, women and children every day."

## More aid urgently needed

Médecins Sans Frontières has been working across several Greek islands for the past four years. At the end of 2019, our teams were forced to urgently increase our operations once again as

arrivals to the islands reached numbers not seen since 2016. On Lesbos and Samos, we are providing urgently needed medical consultations as well as clean water and basic relief goods, and working to increase sanitation facilities.

While the crisis has been ongoing for years, the majority of humanitarian and medical aid is still provided by organisations like Médecins Sans Frontières.

In September 2019, there were almost 100 child patients with complex or chronic medical conditions in our paediatric clinic on Lesbos. These patients included young children with serious heart conditions, diabetes and epilepsy as well as injuries from war. All were waiting to be moved to the mainland to receive the specialised care they need.

The mental health team is also seeing children with serious conditions. In July and August 2019, 73 children living in Moria camp were referred to Médecins Sans Frontières for psychological care, some as young as two years old. Three



On Lesbos in Sept 2019, there were  
**2 MEDICAL DOCTORS**  
providing basic healthcare  
FOR 10,000 PEOPLE

Médecins Sans Frontières has  
been working with refugees  
and asylum seekers in Greece  
since **1996**

ALL PHOTOS © ANNA PANTELIA/MSF

children had attempted to take their lives and 17 were self-harming.

“More and more of these children stop playing, have nightmares, are afraid to go out of their tents and start to withdraw from life,” says Katrin Brubakk, the Mental Health Activity Manager on Lesbos. “Some of them completely stop talking. With the increasing overcrowding, violence and lack of safety in the camp, the situation for children is deteriorating day by day.”

Dr Christos Christou, International President of Médecins Sans Frontières, visited the Greek islands in November of last year and says he was shocked by the accounts he heard from our teams. “[Our child patients] have survived war and persecution, but months in unsafe and miserable places like Moria have driven many over the edge.”

**There is no end to this cycle of suffering while the policy of containment of people in Greece continues.**

### Cycle of suffering

Alongside children, there are many vulnerable people who cannot access the care they need on the islands – including survivors of torture and sexual violence. In September 2019, at least 2,500 people who have been officially recognised as vulnerable remain on Lesbos.

As the fourth anniversary of the EU-Turkey deal – under which people have been contained in these island ‘hotspots’ – approaches, Dr Christos Christou calls for people to be urgently removed from these conditions. “The situation is comparable with what we see in war zones in other parts of the world. It is outrageous to see these conditions in Europe and know they are the result of deliberate political choices,” says Dr Christou.

There is no end to this cycle of suffering while the policy of containment of people in Greece continues. As our medical teams witnessed on Nauru,



A doctor examines a patient in the paediatric clinic outside Moria camp on Lesbos, February 2019.



Zeynab (second from right) was referred by Médecins Sans Frontières for hospital care for a brain tumour and epileptic seizures. She and her family live in a tent on Lesbos.

policies of containment contribute to mental health distress among refugees and asylum seekers.

Médecins Sans Frontières calls for the urgent evacuation of children and the most vulnerable people on the islands to safe and appropriate accommodation on the Greek mainland or in other European countries, and for an end to the containment policy.

### A PATIENT STORY

George,\* from west Africa, has been receiving treatment from the Médecins Sans Frontières mental health team on Lesbos since April 2019. After losing his family to a terrorist attack in 2015 and being captured and tortured, he experienced thoughts of suicide and hallucinations and would often become disassociated from reality.

“We have a high volume of patients with psychotic symptoms like George, but the treatment we provide is often wasted. After we stabilise a patient, they go back to Moria, where they face triggers which bring back memories of their horrific past experiences. For someone who has experienced torture, even the sight of barbed wire or soldiers can induce paranoia,” says psychologist Greg Kavarnos. Médecins Sans Frontières calls for the immediate removal of vulnerable people from the islands.

\*Name has been changed.

# Delivering a sense of dignity



© Paul Odongo/MSF

Medical staff visit a 55-year-old man with cancer of the oesophagus at his home, to provide him with palliative care.



© Paul Odongo/MSF

A Médecins Sans Frontières nurse checks the blood pressure of a woman with diabetes, who came for postnatal care.



© Paul Odongo/MSF

Janai (centre) was 10 years old when she arrived in Dadaab in 1991, having fled violence in Somalia with her family. "I got married, bore children here."



**For many people in the Dadaab refugee complex, home to 75,000 refugees and asylum seekers, life in the camps is all they know. Forced to survive on limited assistance, many are extremely vulnerable. Médecins Sans Frontières has been providing healthcare for people here for almost three decades.**



At a Médecins Sans Frontières health post, mothers receive a nutrition check-up for their babies.



A Médecins Sans Frontières doctor gives an injection to a child in Dagahaley camp.



Endless years in Dadaab have diminished many peoples' hopes of leading healthy and meaningful lives. On average, our teams assist 5,500 mental health consultations in Dagahaley camp each year.



Accompanied by her mother, this local Kenyan woman (left) sought care at Médecins Sans Frontières' hospital due to the difficulties she was experiencing giving birth. Compounded by the three-hour journey, she was unable to undergo an emergency caesarean in time to save her child.

© Paul Otongoro/MSF



# Care for young lives in Mosul



© MSF

**Rose Wilson, a nurse from Melbourne, is recently back from Mosul, Iraq. She reflects on caring for children and newborns in a city that is slowing rebuilding in the aftermath of war.**

**D**riving down the streets of Mosul, every block has a house or shop that was bombed. The remaining rubble is a sign of the final battles to retake the city from the Islamic State group in August 2017, which left the city devastated. Over the last couple of years,

it has slowly rebuilt. Hospitals have reopened, alongside the university and many of the shops and schools.

But the health system has been slow to recover: many medical staff fled the city or country altogether during the fighting. High unemployment means it is even harder for most people to afford the medical care that is available, including for their families.

The Nablus Hospital in West Mosul is one of the lucky buildings that remained untouched during the conflict. It's an old public health community centre that Médecins Sans Frontières converted into a hospital during the battle for Mosul. Initially serving war-wounded, the facility now houses a maternity unit, an emergency room and an inpatient department for newborn and paediatric care.

As Nursing Activity Manager at Nablus Hospital for four months, I oversaw two paediatric wards – one providing general care to children aged one month to 14 years, with conditions like asthma and bronchiolitis, and the other housing an intensive therapeutic feeding program. Most children in this nutrition program

were there due to previous medical complications rather than food security. I also oversaw the newborn unit for babies aged under 28 days, including some who had never left the hospital.

## Supporting newborns and children

My days in Mosul were filled with the chaos of running the busy wards. In one particularly challenging week, we had several newborns with birth asphyxia (a condition where babies stop breathing and experience oxygen deprivation), in these cases caused by complicated births. We also saw many premature babies. With adequate care some improved amazingly, kicking goals and fattening up like champs. Weighing at least 1,500 grams, they could then go home to breastfeed. Sadly, others weren't as lucky. Palliative care is part of my role – both with Médecins Sans Frontières and at home in Australia – and it never gets easier.

**“With adequate care some [babies] improved amazingly, kicking goals and fattening up like champs.”**



© Rose Wilson/MSF

Rose Wilson holds a seven-month-old baby who was treated in the intensive therapeutic feeding program in Nablus Hospital.



To read more letters from the field, please visit: [msf.org.au/stories-news](https://msf.org.au/stories-news)

Thankfully, the team was highly supportive. ‘Outpatient days’ also provided some happy relief, when some of the patients we had recently discharged would come back in to be weighed and checked for their progress. One, a six-month-old girl, had been very sick with meningitis and seizures. She spent three weeks with us receiving treatment, and by the last week, she was getting much better and would smile at me every day. It was so rewarding to see her doing well when she returned for a check up.

### Thinking outside the box

In the Melbourne hospital I work in at home, we have every test and scan we need. The situation in Mosul is very different. We had access to only basic diagnostic and lab tests, as well as, very fortunately, echocardiograms (ultrasounds of the heart), CT scans and MRIs. In many low-resource settings where Médecins Sans Frontières works, the facilities are far fewer.

Less resources meant the team was often called to stretch our clinical skills and think outside the box. While we often didn’t have the test or scan needed to confirm what was wrong with some of our patients, our doctors were fantastic at finding a solution with the tools we had.

I remember one baby who was referred to us from a small maternity hospital. He was unstable when he arrived, with a group of symptoms and a vague medical history. Needing to urgently begin care, there was no time to do even our basic scans or lab tests – but within half an

hour we had stabilised him, diagnosed his condition (a severe pulmonary disorder) and worked out a treatment plan. This was thanks to the brilliant assessment skills of the team, and their ability to decipher complicated oral histories!

### Teaching – with massages and baths

Health education was an important part of our work at Nablus Hospital. One method for this, maybe surprisingly, was through massage! Our Mental Health Activity Manager, Aurelia, taught baby massage for the mothers and caretakers of our malnutrition patients. With carpets laid on the floor in a circle, it became a daily space for them to learn about malnutrition and their babies’ development. It also gave them the opportunity to bond with their babies – sometimes difficult in a hospital environment.

Our team also ran bathing lessons, where we would wash the bubs with the mums while talking through practical tips on how to do it and explaining why regular bathing is needed. Education and encouragement on baby development and hygiene is a real priority.

As Mosul rebuilds, children, newborns and mothers will continue to need quality medical care. The Nablus team of Iraqi and Iraqi Kurdish colleagues had gone through so much personally, especially living through conflict for the last four years. Yet they showed remarkable care and respect for their patients, giving them the best treatment possible under such difficult circumstances.



In the newborn unit of Nablus Hospital, Mosul, care is given for babies under 28 days old.

© Maya Abu Ata/MSF

## SUPPORTER PROFILE



NAME: Lucia Kavanagh

HOME: Sydney, NSW

**Lucia started volunteering with Médecins Sans Frontières in 2016, when a friend asked her to join the Supporter Relations team.**

I was inspired to support Médecins Sans Frontières as I watched the refugee crisis in Europe and the situation of asylum seekers and refugees on Manus Island and Nauru. My awareness of what was happening in these places left me with the desperate wish to help and make a difference. Médecins Sans Frontières’ charter of impartiality and neutrality, focusing on providing medical care for people in need regardless of their politics, ethnicity or religion, deeply resonated with me.

Since joining as a volunteer with the Supporter Relations team, I have also volunteered and worked on a casual basis with several other departments in the office. During my time here I have met like-minded people and made friends from all parts of the globe. In a world where it sometimes feels that many only look out for themselves and their own gain, this work fulfils my desire to address stark injustices, such as access to healthcare.

I encourage anyone to volunteer with and support Médecins Sans Frontières in any way you can. I am proud and honoured to be part of this wonderful organisation.



For more information about volunteering, please visit [msf.org.au/join-our-team/volunteer-office](https://www.msf.org.au/join-our-team/volunteer-office)



ZIMBABWE

14.5 MILLION  
POPULATION (APPROX.)

In 2018, Médecins Sans Frontières screened

6,470



women for cervical cancer in the 6 health centres  
in Gutu and provided treatment for 240 patients



© Nyasha Kadandara/MSF

# Silent but not invisible

Nurse Mentor and Cervical Cancer Focal Point Sister Mercy Mandizvo (left) talks with Edith, who received minor surgery for pre-cancer (LEEP).

## More women now die from cervical cancer than from pregnancy and childbirth.

The growing toll of cervical cancer has been most sharply felt in southern Africa. In countries such as Zimbabwe, Eswatini and Malawi, this disease is now firmly established as the leading cause of female cancer deaths.

The root cause of cervical cancer is human papillomavirus (HPV), an infection transmitted through sexual activity. The most virulent strains can be vaccinated against. Without vaccination, seven out of ten women will have an HPV infection at some stage of their lives, although some will naturally shed it. Even if it does take hold, the infection and any abnormal cell changes can be detected early by screening, and soundly stopped in their tracks.

But without these interventions, infection can become pre-cancer then cancer – which is the situation facing too many women in countries without affordable and accessible healthcare.

Médecins Sans Frontières started working in Gutu, 200 kilometres

south of Zimbabwe’s capital Harare, in 2011, around the same time that Zimbabwe first piloted cervical cancer screening using the method known as visual inspection with acetic acid and cervicography, or VIAC. Our initial focus in the district was HIV and tuberculosis, supporting the Ministry of Health and Child Care (MoHCC) to control a decades-long epidemic. By 2014 Zimbabwe was piloting HPV vaccination and in 2015, Médecins Sans Frontières began supporting the MoHCC in Gutu to scale up preventive and curative services for cervical cancer.

In fact, HIV and HPV – both sexually-transmitted infections – interact. HIV-positive girls and women are five times more likely to develop HPV infection than those who are HIV-negative; they are also likely to suffer a more invasive and, in the end, malignant cancer.

Sister Mercy Mandizvo is Nurse Mentor and Cervical Cancer Focal Point in the Gutu project. “At the beginning, people didn’t know how the new cervical

cancer services were useful for them. But we explained that for someone who is HIV-positive, cervical cancer can come like another opportunistic infection, and that made it easier to understand. Today, we give every person – man or woman, and no matter what health issue they come for – educational talks on what cervical cancer is, how it develops and how it is managed.”

### Lifesaving diagnosis and treatment

The project’s early days saw many women with advanced cancer due to the prior lack of detection and treatment options—women like 50-year-old Florence. In 2016 she explained: “In January, I started to feel weaker and weaker and I was bleeding. I went to Gutu Rural District Hospital and the nurses told me it could be cervical cancer. People from my village then had to lend me the money for a biopsy at Gutu Mission Hospital.”

After Florence’s cancer was staged, Médecins Sans Frontières paid for her to have a hysterectomy and she attended regular follow-up at her local clinic. But



In 2018, 85% of deaths from cervical cancer were of women in low- and middle-income countries



Time needed for routine screening for cervical cancer



In 2018, our teams administered HPV vaccinations to 15,650 girls in 246 schools in Gutu as part of a nationwide campaign

seven months later she was readmitted to hospital with terminal cancer. Florence died soon after.

Today, a network of six health centres and Gutu Rural District Hospital offer comprehensive prevention and early treatment: a combination of screening, diagnosis and treatment. This decentralised model of care is essential to reach women in rural areas outside of the main cities, where cervical cancer services are located, but it doesn't exist in other parts of Zimbabwe.

Nurses in the health centres use a one-stop approach, screening women with VIAC and treating any precancerous lesions immediately through cryotherapy (see box). Patients with more invasive lesions are referred to the district hospital for minor surgery known as Loop Electro Excision Procedure, or LEEP.

### Prevention for all women

Visual inspection with acetic acid is a World Health Organization-recommended screening method adapted to low-resource settings, which allows it to be implemented by trained nurses in lower level health centres where a Pap smear would present additional technical challenges. "An important part of my role is on-the-job training for the nurses," says Sister Mercy. "I support them to learn to use the technology for screening, to

diagnose as they look at the picture and to manage their clients. They also require a lot of manipulative skills like fine motor dexterity."

Margaret, 58, describes her first screening appointment. "After the screening, I learned that I had lesions on my cervix. At first it was difficult to accept, because I thought I had cancer, but the nurses reassured and counselled me. The cryotherapy was a little uncomfortable but I was determined to have it done. After the treatment, I wasn't in pain or sick from the procedure. I walked for two hours to get home."

As of September-October 2019, Médecins Sans Frontières' support has expanded activities to outreach clinics in the community, targeting the areas that patients were travelling furthest from. Ideally women will no longer walk two hours like Margaret.

Sister Mercy reflects on progress so far. "Cervical cancer has negative impacts for all the woman's family. When we do health education sessions, members of the audience give testimonies about how it has affected them. Our nurses are very confident now, in counselling patients, in using the equipment and in diagnosing, and service take-up is high. We're thankful that we see less women with advanced cancer now."

For women with precancerous lesions, cryotherapy – which freezes and destroys the tissue – can be done immediately.



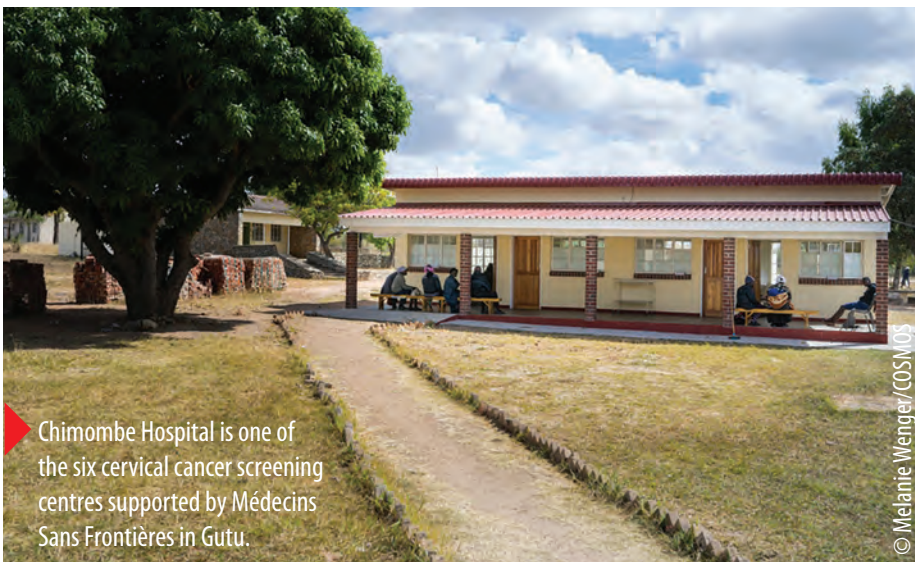
Sister Mercy and Doctor Tapiwa review a patient's screening results.

### ONE-STOP "SCREEN AND TREAT"



In Gutu's health centres, nurses use a one-stop approach to target precancerous lesions. Routine

screening using visual inspection with acetic acid and cervicography (VIAC) takes only 15 minutes. Dilute acid or vinegar is applied to the woman's cervix to reveal abnormalities. Nurses then observe the cervix using a high-quality camera, magnifying the image on a screen to interpret what they have found: this is the cervicography part of VIAC. In hard to read cases, the images may be shared with more senior staff, or remote advisors via telemedicine. For women with precancerous lesions, cryotherapy – which freezes and destroys the tissue – can be done immediately.



Chimombe Hospital is one of the six cervical cancer screening centres supported by Médecins Sans Frontières in Gutu.

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NAME: Hazel Singh

HOME: Sydney, NSW



Field role: **Human Resources Manager**

Our human resources professionals support both international and local staff, often across several field projects in a country. Responsibilities may include management of staff performance, recruitment, payroll, tax and labour law.

Médecins Sans Frontières

Field Experience:

April – October 2019

Personnel Development Manager, Kenya

# “Human resources work is at the backbone of any project”

## What led you to join Médecins Sans Frontières?

Working with this organisation has always been a dream of mine: I believe in healthcare as a basic human right and was inspired by Médecins Sans Frontières’ medical assistance for people who need it. I started my career working in the corporate sector, in human resources (HR) roles in the legal and engineering industries. When I realised I could apply my skill set to a role with Médecins Sans Frontières, I jumped at the opportunity for my work to have a meaningful impact.

## In 2019 you were based in Nairobi, Kenya, on your first field assignment. What are our teams doing there?

While in Nairobi for six months, I worked on two of Médecins Sans Frontières’ projects in Kenya – in Nairobi, the capital, and Homa Bay. In Nairobi’s Eastlands area we run a sexual violence clinic, as well as a 24/7 emergency department and ambulance referral service. Both serve from the Mathare and Eastleigh slum areas. In Homa Bay, more than half the patients admitted to the hospital we support are HIV positive. Here, we are focusing on diagnosis and treatment for people with HIV, including those with co-infections like tuberculosis.

## What were your main responsibilities?

As Personnel Development Manager (Learning and Development), my role focused on establishing learning and development frameworks for the Eastlands and Homa Bay projects. This area of work is about enabling staff to improve their skills, knowledge and experience, so they can be more effective in what they do. I worked closely with team managers to identify learning and development opportunities for staff, coached them to play an active role in guiding staff to use these and developed



© Patrick Meinhardt/MSF

A staff member attends to a patient with HIV in the Homa Bay hospital, west Kenya.

initiatives for Kenyan staff to work in other Médecins Sans Frontières projects. I also looked after recruitment, staff induction programs and trainings.

## Why is HR an important component of Médecins Sans Frontières’ work?

HR teams provide staff with support and guidance, which is particularly essential in the challenging contexts in which Médecins Sans Frontières operates. This type of work is at the backbone of any project, ensuring that our medical operations run smoothly and effectively. HR is also important in its capacity to develop the people that make up the organisation so they can, regardless of their role, contribute to providing high quality medical care where it is needed.

## What was most memorable for you from this assignment?

One of my tasks was to promote mobility amongst the Kenyan staff in both Nairobi and Homa Bay as a way to improve their job satisfaction and retention: detachments (opportunities for staff to work with Médecins Sans Frontières in other countries for a fixed period) were available, but the uptake was low. I decided to survey the staff

on what they knew about mobility and facilitated training sessions so they could better understand the process and benefits for their careers. The training was very successful: multiple people applied for detachments, and during my time in Kenya I was able to organise detachments for a few. It was really satisfying to support them. Médecins Sans Frontières has many dedicated, motivated and experienced staff who are locally hired in Kenya; their skills and expertise are invaluable, and they are also the ones who remain in the project and maintain its momentum.

## What advice would you give to other people considering an HR role with Médecins Sans Frontières?

Even if you aren’t someone with a medical background, you can still make a meaningful impact. I have found it so rewarding to play a role in supporting both medical and non-medical staff. If you want to leverage your HR skill set and combine that with humanitarian work – as well as seeking an adventure – then an HR career with Médecins Sans Frontières is your answer!



## CURRENTLY IN THE FIELD

Note: This list of field workers comprises only those recruited by Médecins Sans Frontières Australia. We also wish to recognise other Australians and New Zealanders who have contributed to Médecins Sans Frontières programs worldwide but are not listed here because they joined the organisation directly overseas.

### AFGHANISTAN

**Kimberly Morris**  
Nursing Team  
Supervisor  
Redfern, NSW

**Carol Nagy**  
Project  
Coordinator  
Mount Stuart,  
TAS

**John Cooper**  
Logistics Team  
Leader  
Avalon, NZ

### BANGLADESH

**Sumitra Mahendran**  
Deputy HR  
Coordinator  
Rose Bay, NSW

**Reinhard Hohl**  
Construction  
Manager  
Llandilo, NSW

### CAMEROON

**Matthew Gosney**  
Project Finance/  
HR Manager  
Brisbane, QLD

**John Swinnen**  
Surgeon  
Strathfield, NSW

### DEMOCRATIC REPUBLIC OF CONGO

**Fintan Thompson**  
Epidemiology  
Activity Manager  
Machans Beach,  
QLD

**Brian Moller**  
Head of Mission  
Rothwell, QLD

**James Ricciardone**  
ER Doctor  
Tuart Hill, WA

**Alec Kelly**  
Logistics  
Manager  
Sanctuary Point,  
NSW

### ETHIOPIA

**Vivegan Jayaretnam**  
Project  
Coordinator  
Kinross, WA

**Tanya Constantino**  
Laboratory  
Manager  
Helensvale, QLD

**Linda Pearson**  
Project  
Coordinator  
Auckland, NZ

**Trudy Rosenwald**  
Mental Health  
Activity Manager  
Mount Helena,  
WA

### IRAQ

**Shanna Morris**  
Medical Doctor  
Barham, NSW

**Catharina Grobler**  
ER Doctor  
Spring Hill, QLD

**Kaitlin Daw**  
Medical Activity  
Manager  
Bondi, NSW

**Helle Poulsen-Dobyns**  
Project  
Coordinator  
Birchgrove, NSW

**Birgit Krickl**  
Mental Health  
Activity Manager  
Tauranga, NZ

**Ciara Corrigan**  
Nursing Team  
Supervisor  
Queenstown, NZ

### JORDAN

**Devash Naidoo**  
Psychologist  
Auckland, NZ

**Janthimala Price**  
Project  
Coordinator  
Penrith, NSW

### KENYA

**Lucy Butler**  
Project Finance/  
HR Manager  
Waipawa, NZ

**Frederick Cutts**  
Regional  
Technical  
Referent  
Somerville, VIC

**Kerryn Whittaker**  
Logistics  
Manager  
Auckland, NZ

### LEBANON

**Justine Cain**  
Medical Doctor  
Petrie Terrace,  
QLD

### LIBERIA

**Josephine Goodyer**  
Paediatrician  
Chifley, ACT

### MYANMAR

**Jennifer Duncombe**  
Project  
Coordinator  
Coal Point, NSW

### NIGERIA

**Jeanne Vidal**  
Deputy  
Coordinator  
In Charge of  
Logistics  
Caroline Springs,  
VIC

**Malcolm Hugo**  
Mental Health  
Activity Manager  
Payneham, SA

**Stephanie Johnston**  
Pharmacist  
Gordon, NSW

**David Nash**  
Operational  
Deputy Head of  
Mission  
Bundeena, NSW

**Steven Purbick**  
Deputy Head of  
Mission  
Jeeralang  
Junction, VIC

### PALESTINE

**Natalie Thurtle**  
Medical  
Coordinator  
Arncliffe, NSW

**Kerrie-Lee Robertson**  
Finance  
Coordinator  
Scamander, TAS

**Simone Silberberg**  
Deputy Medical  
Coordinator  
Killarney Vale,  
NSW

**Thomas Schaefer**  
Orthopaedic  
Surgeon  
Lower King, WA

**Julian Conrad-Czaja**  
Technical Project  
Coordinator  
Bardon, QLD

**Britta Walker**  
Mental Health  
Activity Manager  
Lyneham, ACT

### PHILIPPINES

**William Johnson**  
Regional  
Technical  
Referent  
Padstow Heights,  
NSW

### RUSSIAN FEDERATION

**Evelyn Wilcox**  
Project  
Coordinator  
Bull Creek, WA

### SIERRA LEONE

**David Danby**  
Electricity  
Manager  
East Fremantle,  
WA

### SOUTH AFRICA

**Ellen Kamara**  
Project  
Coordinator  
Beerwah, QLD

### SOUTH SUDAN

**Ben Shearman**  
Logistics Team  
Leader  
Brunswick West,  
VIC

**Caterina Schneider-King**  
Finance  
Coordinator  
St Kilda, VIC

**Cushla Coffey**  
Epidemiology  
Activity Manager  
Highgate Hill,  
QLD

**Stephanie Sarta**  
Deputy  
Coordinator  
In Charge of  
Logistics  
Middle Park, QLD

**Tanyth De Gooyer**  
Epidemiology  
Activity Manager  
South Yarra, VIC

### SYRIA

**Sally Thomas**  
Project  
Coordinator  
Newtown, NSW

### TANZANIA

**Peter Clausen**  
Head of Mission  
Thornlands, QLD

### UGANDA

**Gemma Arthurson**  
Logistics  
Manager  
Fitzroy, VIC

**Kate Edmonds**  
Medical Activity  
Manager  
Auburn, SA

### UZBEKISTAN

**Anne Hoey**  
Medical Doctor  
Werrington  
Downs, NSW

### YEMEN

**Megan Graham**  
Finance  
Coordinator  
Booleroo Centre,  
SA

**Jacqueline Parry**  
Deputy Head of  
Mission  
Albany Creek,  
QLD

**Anna Haskovec**  
Logistics  
Manager  
Murrumbateman, NSW

**Alison Moebus**  
Nursing Activity  
Manager  
Oak Park, VIC

**Shirley Charles**  
Nursing Activity  
Manager  
Halls Head, WA

**Jairam Kamala Ramakrishnan**  
Psychiatrist  
Auckland, NZ

### VARIOUS

**Kyla Ulmer**  
Project  
Coordinator  
Leichhardt, NSW

**Tien Dinh**  
Project Pharmacy  
Manager  
St Albans, VIC

**Kiera Sargeant**  
Medical  
Coordinator  
Beachport, SA

**Sam Templeman**  
Medical  
Coordinator  
Eastwood, NSW



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# WE RECRUIT HR MANAGERS

Interested? [Q 'MSF yes' msf.org.au/yes](https://msf.org.au/yes)

**MATERNITY  
WARD**



Women walk into the maternity ward of Médecins Sans Frontières' hospital in Dagahaley camp, Dadaab refugee complex, Kenya. September 2016.