

# THE PULSE

BRINGING MEDICAL HUMANITARIAN ACTION TO YOU



MEDECINS SANS FRONTIERES  
DOCTORS WITHOUT BORDERS

MAY 2022

## LIVELIHOODS ON THE LINE

SOUTH SUDAN'S WORST  
FLOODS IN DECADES

## WAR IN UKRAINE

OUR STAFF SHARE  
THEIR EXPERIENCES



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A RACE  
AGAINST TIME  
IN UKRAINE



EDITORIAL

# Who 'deserves' protection?

Working in the Central Mediterranean since 2015, Médecins Sans Frontières teams continue to bear witness to an unacceptable and preventable loss of life on Europe's borders. Australian communications manager Eloise Liddy and Belgian psychologist Hager Saadallah both recently worked on board our search and rescue ship, *Geo Barents*.

**Eloise:** In 2022, countries have rightly opened their homes, schools and workplaces for Ukrainians. So why is it that on the other side of Europe, people seeking safety from other wars and human rights abuses are condemned to drown?

During the two months I was on board *Geo Barents*, our team rescued almost 1,000 people from overcrowded rubber and wooden boats in the Central Mediterranean. As well as surviving a traumatic sea crossing, they had all fled Libya, many after being held captive in a network of detention centres and prisons.

Almost all had experienced and witnessed physical or sexual violence, extortion and other severe abuse—like one young Cameroonian woman Aissatou\*, who showed me a large scar on her chest, a reminder of being stabbed with a metal pole by a guard as she escaped a prison in Libya. "I suffered a lot," she said. "When I entered Libya, I didn't have any scars. Now, my whole body is covered in scars."

My role was to document survivors' stories and assist them and our team to continue to speak out about the denial of rights of the people crossing this sea—and the policy changes that



The Médecins Sans Frontières team rescues a group of people from the Central Med

would enable these people to achieve the futures they deserve.

So far this year, at least 644 people have lost their lives trying to reach Europe via the Mediterranean. More than 3,000 others have been intercepted and returned to Libya by the Libyan Coast Guard: pawns in an illegal pushbacks system funded in millions by the European Union.

**"It's a system willing to use any means to prevent certain refugees from reaching Europe's shores."**

It's a system willing to use any means to prevent certain refugees from reaching Europe's shores; not unlike Australia's

decade-long commitment to holding refugees and asylum seekers offshore in Nauru and Papua New Guinea, and in onshore hotels, destroying hundreds of lives in the name of 'stopping the boats'.

This suffering is often framed as inevitable. But we have the ability and tools to afford everyone assistance and protection. A humane response is possible.

**Hager:** As the psychologist on board *Geo Barents*, I was offering mental health support to rescued people to restore a sense of safety, respect and dignity, and to allow them to cope with the traumatising events they had just experienced. Most survivors displayed symptoms of distress, including nightmares, panic attacks, anxious ruminations, hopelessness and stress.

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RESPONDING TO EXTREME FLOODING



8

SUCCESSES IN TUBERCULOSIS CARE



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... of 100 people from an overcrowded wooden boat in the Mediterranean on 24 December 2021. © Eloise Liddy/MSF

What they had been through, whether in Libya, in their country of origin or throughout their journeys, had affected their physical and mental state to the point that many experienced traumatic dissociation. They often told me, “I don’t recognise myself anymore”. Often, they dreamt of their future life, in safety, to stay hopeful and to endure their current situation.

But the reality offered under European policies, in terms of protection and care for refugees, is different. Psychological recovery cannot begin for people before they reach a place of safety. Europe delays and prevents this: damaging the mental health state of these already vulnerable people even further.

An unaccompanied minor from Senegal, Adama\*, was rescued by our team in March. He was travelling with another

young friend, and they were supporting each other after experiencing violence and sexual abuse in detention centres in Libya. Adama’s friend tried to cross the Mediterranean before him but died trying.

Adama now carries the dreams of his friend: a teenager who dreamed of safety and a better life but lost his life in the sea. Once rescued, Adama had to wait more than ten days on board *Geo Barents*, unsure of what would happen to him next, while Italy and Malta delayed granting a place of safety. As Adama could not offer a proper burial to his friend, he wrote him a letter that he later symbolically threw in the water, the unmarked grave of all the unnecessary deaths that keep happening in 2022.

\*Names have been changed.



Eloise Liddy, communications manager.



Hager Sadaallah, psychologist.

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 2021, over 100 field positions were filled by Australians and New Zealanders.

Front cover:

A young woman holds her sister at the Médecins Sans Frontières hospital in Unity State, South Sudan, during the recent flooding. © Sean Sutton/MSF

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**1 UKRAINE**

## Ukraine medical train carries injured and orphans to safety

On 1 April Médecins Sans Frontières completed its first medical train referral, taking nine patients who had been wounded in or near Mariupol from hospitals in Zaporizhzhia to hospitals in Lviv. The team transported patients on a two-carriage train kitted out as a basic hospital ward, with a team of nine Médecins Sans Frontières medical staff on board. Three further referrals by this train



Médecins Sans Frontières' medical train referral arrives in Lviv in mid-April, with 78 child orphans on board. © Avril Benoit/MSF

were from hospitals close to front lines of the war in Donetsk and Luhansk regions. A total of 114 patients were medically evacuated [to 14 April], with their family members. Further medical referrals by train are planned as the urgent requests from hospitals in the east continue to grow, while a larger and more medically specialised train is readied.

In an unusual evacuation in mid-April, the regional head of health made a strong case for babies from an orphanage to be taken to safety. "We couldn't refuse," says Médecins Sans Frontières emergency doctor, Stig Walravens. Médecins Sans Frontières assisted in transporting the 78 infants and young children, aged from two months to three years, and staff.

**2 INDONESIA**

## Youth corners provide a healthy environment

In collaboration with local communities and health centres, a Médecins Sans Frontières team in Banten Province, Indonesia, opened two new adolescent integrated health posts, combining dedicated healthcare access at village level with Médecins Sans Frontières' 'youth corner' program, first established alongside its project office in 2019.

The spaces invite adolescents to participate in activities like art, calligraphy and craft after school, while receiving information on topics such as good hygiene practices, healthy living and sexual and reproductive health from the health promotion team.

"The teenagers can spend their time doing positive things," says Tini Pebrianti, head of services for one village in the district. "They don't play on their



The adolescent integrated health post including youth corner in Pandeglang District, Banten Province, Indonesia. © MSF

mobile phones too much and don't need to travel far to access the facility. So there are a lot of benefits."

Extensive community engagement has contributed to the success of the program and has included a small groups of young people' to marry up with 'cadres', placed in the lead. Médecins Sans Frontières staff trained the cadres to conduct essential health screening, undertake health promotion activities, to speak in public and teach English. "At first, I was not confident to speak in front of people. After I joined the training and activities at the health post and youth corner, I learned public speaking, and I know more about health," says cadre member, Uul.

Médecins Sans Frontières handed over the youth corners to village authorities, and the team will move on to a new site with the learnings.

### 3 BANGLADESH



**80%** of the patients treated for skin diseases in our Balukhali, Goyalmara, Jamtoli and Kutupalong facilities in Cox's Bazar are children and adolescents under the age of 15.



Water and sanitation facilities built by Médecins Sans Frontières in Jamtoli camp for Rohingya refugees, Cox's Bazar (2019). © Anthony Kwan/MSF

## Unprecedented rise in scabies cases in Cox's Bazar refugee camps

The number of people attending Médecins Sans Frontières services in Cox's Bazar with scabies is the highest in three years. Cases of skin diseases such as scabies in 2021 were more than double those of 2019, with 73,000 people treated, and the number of infections continuing to climb this year.

Scabies—a highly contagious skin infestation caused by microscopic mites—has a huge impact on people's quality of life. The sharp increase is directly linked to the living conditions in the camp, where people share small, cramped spaces and have inadequate access to water for washing themselves, their clothes and bedding.

Scabies usually affects children but, left untreated, it can quickly spread to the whole family. "The baby would wake between eight or 10 times in the night and was crying all the time. Just before we took him for treatment, you couldn't pick him up without using a cloth to protect the skin," said Mohammed, father of a 13-month-old boy.

Eradicating scabies in the densely populated Rohingya refugee camps is a challenge. Cases rose so rapidly that some Médecins Sans Frontières facilities ran out of medication or rationed stock.

"We are now focused on giving effective treatment to the largest number of patients and their contacts in the shortest time. Alongside this we are highlighting improvements that must be made to people's living conditions. Scabies is usually fairly easy to treat and manage, but when people are living in conditions like those in the camps of Cox's Bazar, the challenges are manifold," said Mieke Steenssens, Médecins Sans Frontières medical coordinator.

### JOIN OUR TEAM

Find out more about becoming a Médecins Sans Frontières field worker at one of our upcoming online recruitment information evenings.

At these online events you can hear from returned field workers, meet our field human resources staff and learn about the recruitment requirements and process.

### 4 IRAQ

## Long road to recovery in Mosul

Five years after the battle of Mosul, thousands of families in the city and its surrounds are still struggling to access quality affordable healthcare. Mosul was declared officially retaken by Iraqi authorities from Islamic State group control in 2016. Many medical facilities damaged during the 250 days of fighting have yet to be fully rebuilt and are not fit for use, and there are shortages of medical supplies.

After opening a specialist maternity unit in Nablus hospital in West Mosul in 2017, Médecins Sans Frontières opened the complementary Al-Amal maternity unit in the Al-Nahwaran neighbourhood in 2019. Open 24/7, the unit offers routine obstetric care, newborn care, family planning, mental health support and health promotion services. Thirty midwives and five midwife supervisors work in the facility, helping overcome the barriers to healthcare that, three years on, many women still face in Mosul, including issues like gender-based violence. Many women in Mosul face additional barriers to accessing healthcare, including stigma, poverty, having been displaced, or not having official administrative documents due to the conflict.



**The Médecins Sans Frontières midwives** at Al-Amal maternity centre, Mosul, assist between 10 and 15 deliveries daily—but a busy day can see **up to 25 births**.

### IWD 2022



Fikile Ngwenya is a field driver with Médecins Sans Frontières in Shiselweni region, Eswatini.  
© Makhosazana Xaba

## If you missed it

In the lead up to International Women's Day on 8 March, we asked 11 female leaders in Médecins Sans Frontières what we can learn from them.

Women like field driver in Eswatini, Fikile Ngwenya, social worker in Palestine, Shorouq Madmouj and clinical mentor in Sierra Leone, Rebecca Lahai, have overcome barriers, including gender stereotyping, to be leaders. Yet they stand out as change-makers and advocates in Médecins Sans Frontières and their communities, transforming perceptions about women and ensuring their voices contribute to making our programs inclusive and accessible to all.



To see their responses, you can still visit: [msf.org.au/women-lead](https://msf.org.au/women-lead)



VISIT [msf.org.au/join-our-team/work-overseas/recruitment-events](https://msf.org.au/join-our-team/work-overseas/recruitment-events)

TO REGISTER FOR FUTURE EVENTS

# UKRAINE

 POPULATION:  
43 MILLION (APPROX.)

## A race against time

Médecins Sans  
Frontières first  
worked in Ukraine in  
**1999**

Services our teams provided  
before the war:

- Tuberculosis treatment
- HIV programs
- COVID-19 support



# Responding where and when we're needed

Hundreds of people trying to escape the war in Ukraine wait at Lviv for a train to Poland. Many people are fleeing with just a backpack or a plastic bag of their possessions.  
© Emin Ozmen/Magnum Photos

Since Russian forces attacked multiple cities across Ukraine on 24 February leading to full-scale war, Médecins Sans Frontières has suspended its regular medical activities in the country and responded to the war with teams in Ukraine and neighbouring countries including Russia. An estimated ten million people have left their homes in Ukraine.

### ALEKSANDR

## “It will take enormous resilience to recover”

Médecins Sans Frontières staffer Aleksandr\* has been displaced twice in 10 years in Ukraine.

As dawn broke on 24 February in Kyiv, I woke to the wails of air raid sirens and

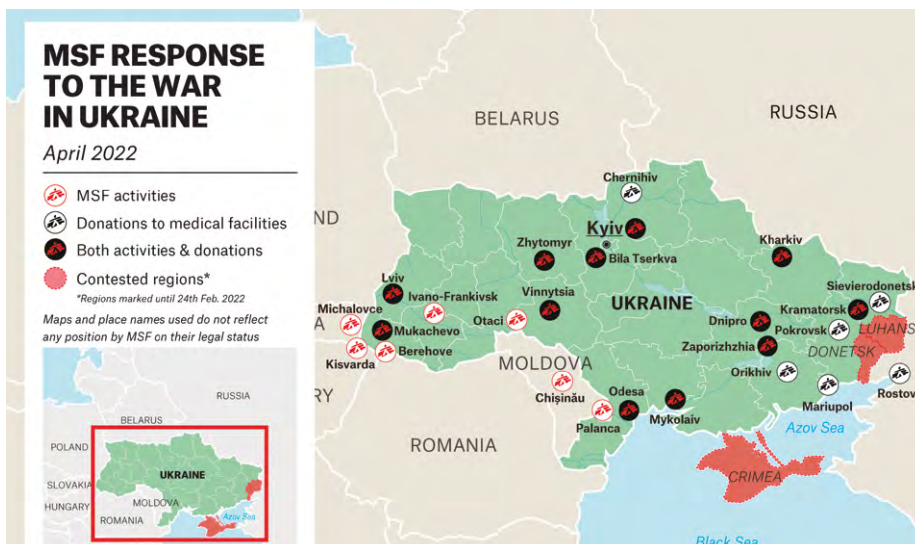
the sound of explosions. The glimmer of hope which many of us had kept alive, despite rising fear of an imminent war, had been violently smothered.

After war broke out in 2014, I was forced to move from eastern Ukraine to Kyiv, where I registered as an internally displaced person. I slowly found my feet and made my way to Médecins Sans Frontières.

Now, war is back – this time with a force, I fear, that will leave us all scarred. I find myself displaced again.

I had remained in Kyiv as hundreds of thousands fled to the sound of shelling, rockets and artillery. But when colleagues told me that one of the last humanitarian convoys would soon be leaving, I panicked. It felt as if Kyiv had been emptied of human life. I stuffed a few clothes and my most important documents into a bag and left.

I feel lost and disoriented, angry at this horrendous war, aghast at the senseless suffering inflicted on people. I dread what comes next.



An estimated  
**18 million people**  
in Ukraine will  
be affected by the war



**By April 2022, 10 million people were displaced by the conflict:**

Internally displaced people:  
**6.5 million**  
Refugees:  
**3.5 million**



## SASHA

### “Each day is like losing your whole life”

**Long-time Médecins Sans Frontières staff member Sasha describes life in Mariupol as it was encircled and bombarded by Russian forces.**

*At first, none of us could believe what was happening. We didn't expect a war and we didn't expect bombs. We thought it was just talk on TV – that someone would stop this madness. When the bombings started, our world as we had known it existed no more.*

*We saw giant craters among apartment blocks, destroyed supermarkets, medical facilities and schools, shelters where people had sought safety. There were new cemeteries all over town, even in the little yard of the kindergarten near my house, where children should be playing. How can we take more pain and sadness? Each day is like losing your whole life.*

*We met an old lady in the street two weeks ago, not walking well and with broken glasses. She pulled out a small mobile phone and asked if we could charge it for her. I told her that the phone network was down and that she would not be able to call anyone even if she had battery.*

*'I know I will not be able to call anyone,' she said. 'But perhaps one day someone will want to call me.' I realised that she was on her own and that all her hopes were hanging on the phone. Maybe someone is trying to call her. Maybe my family is trying to call me. We do not know.*

## Sharing expertise and support

Médecins Sans Frontières' emergency manager, Australian Kate White, is running our emergency response from Geneva. She says the situation is dramatically different across the country. “Hospitals in the eastern part are overwhelmed with patients, not only from a trauma perspective but also with people who have hypertension, diabetes and epilepsy and are seeing a worsening of their illness because they're no longer able to access healthcare.

“We have a supply chain of medical materials and drugs that are able to come into the country, and also people. We have teams in the east right now—unfortunately no longer in places like Mariupol, but in other cities close by—where the population that is [internally] displaced can access healthcare from Médecins Sans Frontières, working together with the Ministry of Health.”

In addition to medical and non-medical materials, Médecins Sans Frontières is also providing training for hospitals suddenly faced with war. Emergency coordinator for Ukraine Alex Wade says, “We have experience from working in conflict zones throughout the world for many, many years; we can share expertise in how to triage in war and conflict scenarios when resources are limited. Receiving, say, 30 wounded into a hospital at once is a particular skill set of how to make rapid decisions in order to save as many lives as possible.

“We bring in people who've lived through those types of experiences, who've worked in those environments to help [hospital staff] have the expertise to triage and make those very difficult decisions.”



**“This conflict presents us with a race against time. Together we can continue to provide care, to bear witness, and to bring hope to those most excluded, to those most in need.”**

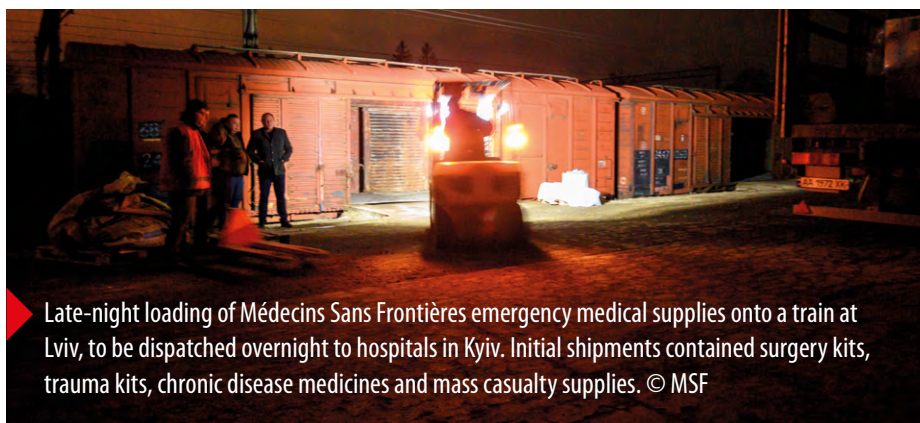
**– Dr Christos Christou, international president, Médecins Sans Frontières**

In addition to our teams within Ukraine, Médecins Sans Frontières also has teams in neighbouring Poland, Hungary, Moldova, Slovakia, Russia and Belarus supporting those who have sought refuge across the border and need healthcare. These teams are providing psychological first aid and mental health support and stand ready to provide emergency medical care when and where it's needed. Knowing that continued access to medication is vital, we have made donations in Ukraine and several of these neighbouring countries to ensure local healthcare facilities can help patients stay on their treatments.

*\*Name has been changed.*

## MÉDECINS SANS FRONTIÈRES' CURRENT PRIORITIES IN UKRAINE:

- Getting the right medical and humanitarian aid to the right places as quickly as possible
- Providing training and advice to hospitals on mass casualty influxes and war surgery
- Assisting those who have fled war zones.



# “We don’t have anything here, we came with empty hands.”

Families arrive in Bentiu after walking for days pulling makeshift tarpaulin rafts through the flood filled with their only belongings and their children. Across Unity State, people’s homes and livelihoods (crops and cattle), as well as health facilities, schools and markets, are completely submerged by floodwaters. Even after the rains stopped, water levels rose and villages flooded as dykes failed.



Médecins Sans Frontières water and sanitation engineers arrive at Kaljack village. Sanitation facilities in the camps were in a critical condition before the floods; afterwards, camp latrines overflowed into areas where children play. Médecins Sans Frontières has set up a sewage treatment plant inside the camp.



New arrivals at camps in Unity State look for a place to set up shelter.



Médecins Sans Frontières staff and patients at a mobile clinic in Rubkona, set up to respond to malaria, malnutrition and acute watery diarrhoea.



When the dykes protecting her village failed, this woman and her family had to leave, walking through water for four days to reach comparative safety in camps.



Almost a year after the worst floods in decades hit South Sudan, people in Unity State continue to suffer, stuck in poor living conditions and at risk of outbreaks of infectious and waterborne diseases. Spread across several makeshift camp sites, they endure loss of income, food insecurity, malnutrition, and a lack of safe drinking water.

An estimated 835,000 people have been affected, 65,000 hectares of cultivated land have been damaged and 800,000 livestock have died. These photographs were taken in December, but water is still standing around Bentiu camp and the community is concerned about the very real possibility of more extreme flooding during the upcoming rainy season.



Siblings drag the limp body of their dead calf to an open area littered with goat and cattle carcasses. "We have lost five cows," they explained. "The mother of the calf died two days ago." When asked how many cows the family has left, they said "This was the last one."

Clinical officer in Unity State, Koang Elijah, says, "Many people in rural areas are stranded and can't come here for help. The children you see here are the lucky ones. People walk for days in the water to get here." All the children here have complications of malnutrition. Severe acute malnutrition prevalence in the camps is well above the World Health Organization's two per cent emergency threshold. Médecins Sans Frontières has opened a third inpatient therapeutic feeding centre ward at its hospital in Bentiu.





# Adapting humanitarian aid in Herat



**Mamman Mustapha joined the Médecins Sans Frontières team in Afghanistan for an assignment in a 'relatively quiet' part of the country. Nine months later, he had witnessed an escalating conflict, a change in government and a growing humanitarian crisis.**

**“Throughout the fighting, our staff were able to keep coming to work and our doors stayed open...”**



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

**I** arrived in Herat province, in western Afghanistan, on 31 December 2020. I was there to work as the project coordinator for three months, responsible for coordinating our medical operations, negotiations with authorities, and security management of the team.

Médecins Sans Frontières has been working in Herat since 2018. We run a 74-bed therapeutic feeding centre for malnourished children in the regional hospital. On the outskirts of a camp for internally displaced people, we run a clinic that offers general medical consultations, including for non-communicable diseases, ante- and postnatal care, childhood vaccinations and malnutrition screening and treatment. We also run a COVID treatment centre and support triage of patients at the regional hospital.

### Keeping our doors open

In early 2021, the armed conflict was ongoing in Afghanistan, but Herat was relatively safe compared to other provinces in the country. However, from May, almost everything began to change. By July, the conflict

had reached several major cities. Negotiation was my daily job, and we regularly explained to all parties in the conflict that Médecins Sans Frontières provides emergency medical services, that we are neutral and independent, and that we treat patients irrespective of their religion, gender or political affiliation, based on their medical needs alone.

Throughout the fighting, our staff were able to keep coming to work and our doors stayed open, providing lifesaving assistance to the sick and wounded even during the height of the conflict. It still makes me incredibly happy that we were able to do this.

By mid-August, the fighting was over and Afghanistan had a new government. The safety and security of my team, patients and caretakers remained my number one priority, and I had to rapidly establish new contacts with the government (starting every relationship from scratch). It was challenging but fruitful. I met the new health representative the morning following the takeover. This was my first meeting with the new government and it gave my team the courage to continue our work without hindrance.



© Sandra Calligaro/MSF

Even though the fighting had ended, there were still huge challenges. Airports and banks were closed, and throughout August and September, many other medical organisations were scaling down their work as funding was suspended by the EU, World Bank and others. The assets of the Afghan Central Bank were frozen by the US Federal Reserve.

### Deaths from lack of food

As a result, the healthcare system almost collapsed. For a time in the hospital where we work, non-Médecins Sans Frontières staff weren't paid their salaries and many left their jobs. Staff in Herat Regional Hospital are now receiving salaries again, but in some health facilities across the country there are not enough medical supplies or functional equipment.

As an organisation funded directly by private donations, we didn't face the same funding challenges. We were able to keep working, though under increased pressure.

The medical and non-medical needs in Herat are enormous, especially in the context of the current economic crisis. There is no armed conflict in Herat, but people are still dying

as many cannot afford to buy food. In September, October and November 2021, the number of malnourished children arriving at our feeding centre was significantly higher than in the same months the previous year. This is an indicator of poverty, hunger and a general malnutrition crisis.

### Evolving challenges

I finished my assignment in Afghanistan in October 2021, saying goodbye to my Afghan colleagues whose dedication and zeal had encouraged me a lot throughout my time there, as well as putting smiles on our patients' faces. Their work continues: in December, the team started paediatric services in Herat Regional Hospital, improving access to medical care for the sickest children in the district.

The humanitarian situation in Herat is complex and needs to be addressed without delay. The future of almost everything is uncertain, and the security of our teams and patients remain a concern. What is clear to me is that we are needed there, our team is motivated and dedicated, and we are doing our best.



## SUPPORTER PROFILE



Joanne Kirk : Melbourne, VIC

**Joanne Kirk's experience in the field as a nurse with Médecins Sans Frontières has inspired her support for the organisation ever since, through her family's private ancillary fund.**

I trained as nurse in the '90s and was always interested in international health and working with refugees. Inspired by a documentary on Médecins Sans Frontières, I volunteered for a year in the biggest of nine refugee camps on the Thailand/Myanmar border that hosted 40,000 people. We ran a hospital treating people with tuberculosis and HIV, as well as doing water and sanitation activities. The logistics, work ethic and knowledge were astonishing. It was hard to leave.

Today, I chair the Board of an organisation that provides doula services to people in need. After starting with small donations, my partner and I formed a family charitable trust to support close-to-heart organisations. Caring for children, and issues affecting women and girls, are of special interest – we both saw how far a dollar stretched in Médecins Sans Frontières and the highly professional nature of medical humanitarian aid.

To anyone thinking of supporting Médecins Sans Frontières I would say 'go for it'. Médecins Sans Frontières is very agile and gets work done quickly. I haven't seen any other non-government organisations do it better.

Talk to your children about philanthropy and humanitarian support: we are so lucky and have so much. The whole world is an ecosystem and it is good to care about people in other places. My 14-year-old is becoming more of an activist than I was!



For more information about becoming a Major Donor, please visit:  
[msf.org.au/donate/other-ways-donate/major-donors](https://msf.org.au/donate/other-ways-donate/major-donors)



## Treating the world’s second leading infectious disease killer

© Sean Brokenshire/MSF



The Médecins Sans Frontières outreach team informs community members in Morata, Port Moresby, about TB and its prevention. © Leanne Jorari/MSF

**In Papua New Guinea, Médecins Sans Frontières is working with patients to strengthen prevention, diagnosis and treatment of one of the country’s leading causes of death.**

**T**uberculosis (TB) is one of the oldest known diseases in the world and is also preventable and curable. Yet, it is the second leading infectious disease killer after COVID and an estimated one in three people with the disease are not diagnosed. Identifying, treating and preventing TB remain a challenge and the COVID pandemic has complicated this work, as well as removed resources from TB care.

In Papua New Guinea (PNG), TB is endemic. The country has one of the highest incidences of TB in the Western Pacific region. Major challenges for tackling the disease in the country include under-detection of cases, poor treatment outcomes and high numbers of multi-drug resistant TB cases in some areas.

Médecins Sans Frontières has been supporting TB care in PNG since 2014. Working with the PNG Ministry of

Health, our staff provide diagnosis and treatment for people with TB in Port Moresby in the National Capital District, at a clinic in Gerehu General Hospital and at the newly opened Six Mile Clinic, and run an education outreach program to prevent the spread of the disease.

### Complex treatment

TB is spread by airborne droplets, and people with the disease often experience serious symptoms that significantly affect their lives, including severe coughing, chest pain, major weakness, sudden weight loss and fever.

The treatment regimen for TB is very complex, taking a minimum of six months and requiring high numbers of daily medications, which need to be verified by a clinician or community health worker, most often in person. In PNG, where 80 per cent of the population live in rural areas often far

from health facilities, the distance to reach care adds another barrier.

If patients stop taking their treatment before they are fully cured, or the treatment is not given correctly, the TB can become resistant to the usual anti-TB medications and evolve into drug-resistant TB, which is much harder to treat and requires an individualised treatment plan of up to 18 months.

“Since I was diagnosed with TB last year, the team here and their approach have been very helpful. From medication to counselling, the team made that six-month period go by smoothly and I was cured of the disease,” says Peter Wueh, a patient treated at the Gerehu clinic. “It was quite stressful at the beginning, for me and my family, but the team came to my home, gave us counselling and [information on] TB and made it easier for us.”

Patients with multi-drug resistant tuberculosis have a treatment success **rate of 59%**



Ending the **tuberculosis epidemic by 2030** is among the health targets of the United Nations Sustainable Development Goals

The **GeneXpert device** used to diagnose tuberculosis at the Gerehu clinic can test for the presence of bacteria in **less than 2 hours**, and can detect resistance to the key tuberculosis drug fluoroquinolone



## **PASS THE MIC: "WHEN PATIENTS DON'T COME TO THE CLINIC, WE GO AND FIND THEM."**



Waru Biramo is a Médecins Sans Frontières community mobiliser. He works in the outreach team, which provides TB testing and education for high-risk communities and visits patients who are struggling to access the clinic or stick to their treatment.

### **What does your work as community mobiliser involve?**

I work with community leaders to introduce what the outreach team will be doing in that particular area on that day. I introduce the community health workers who give health talks [to the community] about the signs and symptoms of TB, and the modes of transmission. We address false beliefs, we inform them of all these things so the community is aware. We convince community leaders to help us organise active case finding, where we look for people with signs and symptoms, test them and refer them to the clinics for treatment.

### **What are some of the challenges?**

When we go to the community to do active case finding, people sometimes give us false names and locations because of the criticism and stigma [associated with TB]. If they don't come for the [medication] refills, it's difficult to find these patients.

### **What positive impacts have you seen for patients and the local community?**

When we detect positive cases we stay with people, we encourage them, we don't leave them alone until they finish their treatment. That can be six months or 12 or 18 months. When patients don't come for their medication refill or review, we trace them. We go through the community, and they are very happy with the service.

Because of how Médecins Sans Frontières is working, how we approach the patients and how we treat people, they really like this program. People come here because of how we give the service to people.

## **Cure rates of more than 90 per cent**

Médecins Sans Frontières Australia's executive director, Jennifer Tierney, visited the Gerehu and Six Mile clinics in March.

Treatment for TB used to mean treating patients in isolation in the health facility, which was incredibly mentally challenging for people, who also experience many side effects of drug treatment. Now after people start their treatment, they're seen in the clinic a few times and then we go to meet them where they are in the community. This is why we have such strong follow up for a very challenging project.

Since activities began, our teams have achieved cure rates of 92 per cent for patients with drug-sensitive TB and 93 per cent for those with drug-resistant TB and mortality is less than five per cent, which is excellent progress considering that people often come for care when they are already in late stages of illness. Less than five per cent of people are 'lost to follow up', which is a credit to the outreach team of community health workers.

The success of the TB project is opening doors in PNG, where there is need for care for non-communicable disease and chronic disease, as well as for palliative care and mental health care. There is lots of work to do for people living with these conditions.



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NAME: Kate Neary

HOME: Sydney, NSW



**Field role: Finance and HR Manager**

Our finance and HR managers are responsible for a range of tasks, from managing project accounts, cash management and security, budget control and financial reporting, to implementing HR policies and covering administrative management of staff in our projects. They also require strong cross-cultural resource management and communication skills.

**Médecins Sans Frontières Experience:**

August 2021—Jan 2022,  
Finance and HR Manager,  
Port Moresby, Papua New Guinea.



Kate with Taitu, a cleaner in the project, celebrating Papua New Guinea's Independence Day. © MSF

# “It’s a chance to use your skills in a unique way.”

**Why did you decide to apply with Médecins Sans Frontières?**

I knew I wanted to use my skills to help other people. I was working a corporate job as an accountant, which was a great learning experience, but I felt the opportunities to help others were quite limited. When I read about Médecins Sans Frontières, and about the experiences of other people who’d worked with the organisation, I knew the values aligned with mine. I was drawn to the fact that Médecins Sans Frontières is impartial and helping in situations where not a lot of other organisations are, as well as speaking out about issues. Once I’d finished my Chartered Accountants course and built up some experience, I applied.

**Tell us about your assignment in Port Moresby, Papua New Guinea (PNG).**

Our tuberculosis (TB) project in Port Moresby focuses on care for patients with drug-resistant and drug-sensitive forms of the disease. Our clinic in Gerehu hospital provides screening,

diagnosis and treatment including psychological support. There’s also an outreach component to reach people in remote areas and follow-up with patients who have been started on treatment.

In my role as finance and HR manager, I was responsible for everything from the budget, invoicing and staff payroll, to staff recruitment, HR support and learning and development. At the time, the team was also building a new clinic, so my role involved developing the plan for administration within that new team.

Our team was made up of more than 50 Papua New Guinean staff and around 10 international staff, from countries including Australia, the Democratic Republic of Congo, Kenya and France.

**Could you share an example of the impact of the project?**

In my role, I could really see the benefits of supporting employment

and training for Papua New Guinean staff members from the local community. Part of my job was to support the administration assistant to build her skills; we were also setting up trainings including for soft skills like ‘ways of working’, supporting staff to move up into management positions within the project, and assisting them to access opportunities for secondment and expatriation to other Médecins Sans Frontières projects. There’s a focus on ensuring that many of the roles typically held by international staff can become ones held by Papua New Guineans. In a role that isn’t medical, I felt I was directly contributing to the project and team by sharing my skills with others.

In PNG, we are relieving some of the burden on the health system, but the project is not meant as a long-term replacement for local capacity. In fact, one of our other TB projects was handed back to local authorities during my time there. It’s important to strengthen systems so that this can be done.

**What’s your advice for other professionals in the finance and HR sector considering this work?**

I would just encourage more people to apply! When I was studying accounting, people would tell me, ‘Everyone needs an accountant’. It’s very true, and working with Médecins Sans Frontières is a chance to use your skills in a unique way, for people who, for a variety of reasons, can’t access healthcare or who are affected by crisis. It’s also been an opportunity for me—being early in my career—to develop my management and leadership skills and continue to learn. The training that Médecins Sans Frontières provides means you are progressing all the time.



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**

**Louisa Cormack**  
Project Coordinator  
Apsley, VIC

**BANGLADESH**

**Natasha Allan**  
Nursing Activity  
Manager  
Wairarapa, NZ

**Thomas Hing**  
Mission Supply  
Chain Manager  
Chatswood, NSW

**EGYPT**

**Britta Walker**  
Mental Health  
Activity Manager  
Merewether, NSW

**IRAQ**

**Douglas Kerr**  
Mental Health  
Activity Manager  
Hoonville, TAS

**Scott Murcko**  
Specialised  
Medical Doctor  
Wollongong, NSW

**Kitrina Norrish**  
Laboratory Manager  
Palmerston North, NZ

**Omar Tariq**  
Emergency Doctor  
Adelaide, QLD

**Paul Blackery**  
Emergency Doctor  
Woolloongabba, QLD

**Colette Connors**  
OT Nurse  
Leeton, NSW

**JORDAN**

**Luke Morris**  
Regional  
Technical Advisor  
Turners Beach, NSW

**KENYA**

**Adam Pettigrew**  
Regional  
Technical Advisor  
Rockdale, NSW

**Sayontonee Ghosh**  
Medical Doctor  
Neutral Bay, NSW

**KIRIBATI**

**Alison Jones**,  
Medical Coordinator  
Sydney, NSW

**Darren Pezzack**  
Medical Doctor  
Marrickville, NSW

**Carol Nagy**  
Head of Mission  
Mount Stuart, TAS

**LEBANON**

**Anita Williams**  
Mission Specialised  
Activity Manager  
Narre Warren South,  
VIC

**LIBERIA**

**Katherine Franklin**  
Paediatrician  
Ringwood, VIC

**LIBYA**

**Steven Purbrick**  
Head of Mission  
Beachport, NSW

**MYANMAR**

**Susan Bucknell**  
Project Coordinator  
Beachport, NSW

**NIGERIA**

**Candice Lynch**  
Laboratory Manager  
Charlestown, NSW

**PALESTINE**

**Herwig Drobetz**  
Orthopaedic Surgeon  
East Ballina, NSW

**Ivan Cerrafon**  
Project Supply  
Chain Manager  
Charlestown, NSW

**Simone Michel**  
Health Promoter  
Supervisor  
Bli Bli, QLD

**PAPUA NEW GUINEA**

**Dominic Roberts**  
Logistics Manager  
Caloundra, QLD

**Malaika El Amrani**  
Nursing Activity  
Manager  
Napier South, NZ

**PHILIPPINES**

**William Johnson**  
Regional  
Technical Advisor  
Gynea, NSW

**POLAND**

**Suzel Wiegert**  
Nursing Activity  
Manager  
Auckland, NZ

**ROMANIA**

**Devash Naidoo**  
Mental Health  
Activity Manager  
Mt Maunganui, NZ

**SIERRA LEONE**

**Karlie Proctor**  
Nursing Activity  
Manager  
Tregear, NSW

**Adelene Hilbig**  
Medical Doctor  
Thomson, VIC

**Jennifer Duncombe**  
Head of Mission  
Coal Point, NSW

**Jeffrey Fischer**  
Construction Manager  
Christchurch, NZ

**SLOVAKIA**

**Jeni Flavell**  
Nursing Activity  
Manager  
Healesville, WA

**SOUTH SUDAN**

**Vivegan Jayaretnam**  
Project Coordinator  
Kinross, WA

**Narelle Raiss**  
Nursing Activity  
Manager  
Leanyer, NT

**Audrey Badaoui**  
Nurse Specialist  
Supervisor  
Annandale, NSW

**Emily Young**  
Nursing Activity  
Manager  
Maylands, SA

**Verity Kowal**  
Regional  
Communications  
Coordinator  
Albury, NSW

**Simon Reid**  
Paediatrician  
Surry Hills, NSW

**SUDAN**

**Adam Mangal**  
Electricity Manager  
Drewvale, QLD

**TAJIKISTAN**

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

**UGANDA**

**Michael Hoey**  
Project Finance/  
HR Manager  
Melbourne, VIC

**Scarlett Wong**  
Psychologist  
Padstow Heights,  
NSW

**UKRAINE**

**Raewyn Turner**  
Nursing Team  
Supervisor  
Cremorne Point, NSW

**Rachel Tullet**  
Emergency Doctor  
Hamilton, NZ

**Lisa Searle**  
Project Medical  
Advisor  
Kirribilli, NSW

**David Nash**  
Project Coordinator  
Ulladulla, NSW

**Jessica Chua**  
Medical Activity  
Manager  
Richlands, QLD

**YEMEN**

**Jacob Coleman**  
Head Nurse  
St Kilda, VIC

**Caterina  
Schneider-King**  
HR Coordinator  
Morningside, QLD

**Allen Murphy**  
Project Coordinator  
Jeeralang Junction,  
VIC

**VARIOUS/OTHER**

**Kiera Sargeant**  
Deputy Medical  
Coordinator  
Kendenu, WA

**Louise Timbs**  
Head Nurse  
Milton, QLD

**Jessa Pontevedra**  
Project Medical  
Advisor  
Hamilton, NZ

**WE URGENTLY  
NEED MENTAL  
HEALTH SPECIALISTS**

**Interested?**

[msf.org.au/yes](https://msf.org.au/yes)



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**MEDECINS SANS FRONTIERES**  
**DOCTORS WITHOUT BORDERS**



Médecins Sans Frontières staff assist a patient evacuated by medical train referral from a hospital close to the front lines in east Ukraine after arriving in Lviv. © Maurizio Debanne/MSF

**50** YEARS  
OF HUMANITY