
COVID-19 IN CONFLICT

THE MOST TURBULENT CONTEXTS
AROUND THE WORLD





A NEW DISEASE, ENDLESS CHALLENGES

In 2020, COVID-19 has acted as a threat multiplier, devastating some of the most vulnerable people around the world, those in conflict settings. People quarantining under air-strikes or threat of raids. People who cannot traverse unsafe streets to reach health facilities, or those whose local hospitals and health centres have been attacked or plundered.

With your help, Médecins Sans Frontières is there for them. We are treating the sick, we are working to minimise the disruptive effect of COVID-19 on other medical assistance, to keep people safe and heal their wounds.

This report features eyewitness reports directly from fieldworkers on the frontlines of conflicts around the world, and the patients they treat, as together we face this pandemic.

In caring for our patients, our teams confront huge challenges in violent settings like Yemen, Burkina Faso, Cameroon and the Democratic Republic of Congo, and in contexts where the scars of violence linger, such as the displacement camps of Syria and Lebanon.

The independent support that you, our donors give to Médecins Sans Frontières has never been more crucial as it helps us rise to these challenges, adapt to volatile circumstances and provide emergency medical and humanitarian care that saves people's lives.

OUR SHARED VALUES

Wherever Médecins Sans Frontières works across the world, your independent support enables us to use our own resources, equipment and supplies to allocate assistance based on need alone.

Our work is guided by a charter, which sets out our commitment to medical ethics. It contains our principles of neutrality, independence and impartiality, which have carried us through critical moments in many different contexts over the past four decades.



At our COVID-19 treatment centre in Ibb, Yemen, our teams have been treating patients since June. Dr Leewa, on the left, says “Wearing a mask and personal protective equipment for long hours is a new and not always easy experience but providing the best possible care to our people is what motivates us and keeps us going.”
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OUR CHARTER

Médecins Sans Frontières provides assistance to populations in distress, to victims of natural or man-made disasters and to victims of armed conflict. We do so irrespective of race, religion, creed or political convictions.

Médecins Sans Frontières observes neutrality and impartiality in the name of universal medical ethics and the right to humanitarian assistance and claims full and unhindered freedom in the exercise of its functions.

Members undertake to respect their professional code of ethics and maintain complete independence from all political, economic or religious powers.

As volunteers, members understand the risks and dangers of the missions they carry out and make no claim for themselves or their assignments for any form of compensation other than that which the association might be able to afford them.

SECURITY AMID VIOLENCE

COVID-19 increases tensions

Lubamba Bakari Henri Papy is Médecins Sans Frontières assistant project coordinator in Kimbi, South Kivu, Democratic Republic of Congo (DRC), where there is ongoing violence. Bakari describes how the arrival of COVID-19 in the community quickly heightened tensions, and the importance of establishing and maintaining trust in the community:

“This is a volatile region. I’m in charge of all external contacts with all the local authorities and organisations, including armed groups and criminal groups.”

Our project area is very large, with a big population. We are at the border with Maniema province and Tanganyika province, a gold mining zone, with many people from Rwanda, Burundi, Tanzania and Kenya who come looking for business opportunities.

Our project treats between 4,000 and 6,000 patients every month, and handles over 250 deliveries per month in each of our health facilities.

This work changes people’s life stories. We have a cohort of HIV and TB patients we care for. Médecins Sans Frontières not only provides healthcare and drugs, but also food for them. I remember hearing about patients who were severely ill, almost at their

end, but they recovered. They invited us to visit their farms, and we learned that from the crops they sell, they can now support other vulnerable people in their community.

Médecins Sans Frontières is the only key actor in the field to respond to COVID-19.

Our area attracts many people for mining activities. There is a high level of business. We receive many foreigners, many people who come to our area because of the resources. We have to remain very focused on any changes in context here, in terms of the political situation.

For example, COVID-19 has not only affected people by increasing the cost of basics in the market and imposing travel restrictions. The decrease in the price of gold is one of the main indicators of the changing context, as the miners mainly come from within armed groups.

Some armed groups thought that Médecins Sans Frontières, in collaboration with government, brought COVID-19 here in order to make money. We had to immediately manage the situation. I had many meetings with the groups, and stress levels were high.



The wreckage of Salimboko health centre in Ituri province. It, and the village in which it stood, were attacked and looted over four days of fighting earlier this year. © MSF/Avra Fialas, 2020.

It was not easy but we used several strategies. First of all, we asked families who had sons in these groups to contact them, to tell them that Médecins Sans Frontières was not involved in bringing COVID-19 to the community. And we gave them the example of our staff who came from Bukavu, nearby, who had to first go into quarantine in order to prevent community spread.

We also reminded them that we have been working in the area for more than 10 years, and that the community trusted us, that we were there to save lives and, as a medical organisation, we had legal and moral responsibilities. That we had stayed, and they should continue to trust us the same way.

It was successful. We normally have a good understanding with these groups, and they gave us their assurance that there had been a misunderstanding, and they would stop their threats.

It confirmed for me that Médecins Sans Frontières saves lives by being independent, and cares for the real needs of vulnerable people. As well as my thanks, my message to our donors is that I hope they can continue with their support, despite the challenges of COVID-19, and the economic state across the world. We need their help.”



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VIOLENCE AGAINST WOMEN AND GIRLS

Cut off from care

With many public health systems overwhelmed by COVID-19, they face hard decisions about the services they can afford to provide. This has resulted in women and girls, already struggling to access healthcare, being further cut off from sexual and reproductive health services.

Médecins Sans Frontières teams in our medical projects around the world are already seeing the indirect effects of the pandemic on women's lives, and fear many of those lives being lost if safe delivery, neonatal care and family planning services are difficult to access due to the virus.

Nurses dress before entering the COVID-19 treatment ward at Saint-Joseph hospital, Kinshasa.
© MSF/Anne Boher, 2020.

"SAVING LIVES IS MY REWARD"

Médecins Sans Frontières midwife Jeanne Musaganwa Mwavita is the focal point for sexual violence care, as well as reproductive healthcare, in Salamabila, South Kivu, Democratic Republic of Congo. She sees up to 60 survivors of sexual violence every month, as well as 130 maternity patients.

While COVID-19 patient numbers remain low in her project, fear of the disease and lockdown measures have affected her work and the community. Mama Jeanne describes how it has impacted the vital care she and her team provide:

"Here a lot of people have been experiencing flu-like symptoms but will not go to the hospital for fear of ending up in quarantine. People do not want to risk going to hospital because they might not come out. To overcome that fear, I am thankful for what Médecins Sans Frontières has implemented in terms of the protocol of hand washing, and community information.

Just like sexual violence care, information is key, and spending time with people. Talking to people, listening and teaching them, are a very important part of my work, so that people can face the virus knowing more about it.

Because the amount of personal protective equipment we have is insufficient, I have to take extra measures with patients now. I have had to minimise the time I can spend with patients, and practice physical distancing. At home I take great care to change my clothes, and hand washing, not only me, but the people around me.

I am passionate about saving lives. I am from a family of 11 children, and lost one of my sisters due to a haemorrhage

complication during birth. After I received my Médecins Sans Frontières training in reproductive health, I felt that had I been more knowledgeable back then, perhaps I would have been able to help. That is my motivation for coming to work every day.

I also love the principles of impartiality and independence.

I sometimes feel overwhelmed by seeing pregnant women turn up here literally with nothing, not even a piece of cloth to wrap their babies in. And again I am grateful that here in Salamabila, not only are we saving these women and babies, but that I work for an organisation that provides people who cannot afford anything with basic needs like clothes and food.

Médecins Sans Frontières brings not only knowledge, but logistics and capabilities, including referrals to a larger hospital if necessary. Our patients may have to be apart from their families for weeks on end, but without treatment they would not stand a chance.

Here in Salamabila, Médecins Sans Frontières' neutrality is also acknowledged. The context where we are is rather violent. We hear a lot of gunfire on a weekly basis, with armed groups causing a lot of trouble amongst the population. Unrest can be triggered at any time, any moment.

Despite all of this, the Médecins Sans Frontières logo is respected, and not only the security of the staff, but the people that we are here for too.

For sexual violence survivors, it is important that we take care of their physical and mental health. Some come from many kilometres away, and we organise with members of the

Lockdowns have also increased reports of domestic violence, including sexual violence. Staying home is not safe for many women and girls who may be trapped with an abuser. During the COVID-19 pandemic, data shows that domestic violence has intensified, but access to health services is more difficult.

“If you think about times of crisis – whether it is disease, displacement, or conflict – women and girls are often disproportionately affected.”

– Médecins Sans Frontières midwife Eva De Plecker

Maman Biki takes care of the laundry room at Saint-Joseph hospital.
© MSF/Anne Boher, 2020.



community to bring them here on motorbikes. There are no politics involved. We are here to provide healthcare free of charge. I like being able to just focus on those tasks and remember what we are here for.

Here, women risk their lives on a daily basis when they go to the forest to collect firewood, or go to their plantations. They are raped or kidnapped. There was a patient that affected me deeply, a mother who had been raped, and fell pregnant. This was her ninth pregnancy, but her husband cast her out. She came here, but it was a complicated delivery, and the placenta would not detach. Unfortunately her baby was born deceased. That affected me very deeply.

Families are grateful for the care we provide. Problems will carry on, problems are still here, not only in Salamabila, but other very remote areas with serious issues, where people cannot protect themselves, and cannot be heard without Médecins Sans Frontières.

My true reward is being able to carry on helping those who are living precariously, those who have not got what many others have. I will be sticking around, to carry on.

For the future I wish better medical care, and last but not least, peace.”



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“ABANDONED BY THE WORLD”

SYRIA'S DISPLACED HAVE BEEN LEFT BEHIND

As COVID-19 spreads across northeast Syria, the pandemic is having devastating secondary impacts on healthcare in a region devastated by nine years of conflict. Médecins Sans Frontières is trying to meet as many people's needs as possible and to support other organisations, explained Will Turner, emergency manager in Syria.

“The whole region has been impacted by the onset of the pandemic. After nine years of conflict, more than 700,000 people are displaced from their homes across northeast Syria, most of them almost entirely dependent on humanitarian assistance.

Al-Hol camp, in Hassakeh province, is the largest camp in northeast Syria, with 65,400 people. It is

massively overcrowded, with an average of seven people squeezed into modest-sized tents; in some places multiple families are crammed into communal spaces. Then there is the ‘Annex’, a separate and even more highly secured area, where nearly 10,000 ‘third-country’ nationals languish, almost entirely neglected by the world.

THERE IS NO QUESTION THAT WE ARE SEEING INCREASES IN COVID-19 CASES ACROSS NORTHEAST SYRIA.

Testing is limited, but of those tests carried out, around half return a positive result. This suggests that transmission rates are high and that much more



A girl looks through a fence in a displacement camp in northeast Syria.
© Ricardo Garcia Vilanova, 2020

testing is needed. We are particularly worried about the high rate of infection among health workers. First, of course, is the impact on them and their families. Then we see a knock-on impact on an already extremely fragile health system.

In May, there were 24 primary healthcare clinics in the camp. Now, just five of these clinics are operational, including Médecins Sans Frontières' clinic in the Annex. Since we were able to reopen it in late July, we have seen more than 1,000 patients. Across the camp we also run a tent-based wound care programme for people who cannot reach clinics.

There is an ongoing outbreak of diarrhoea, with young children particularly vulnerable. Many become malnourished as a result. In our therapeutic feeding centres, nearly 80 per cent of our patients under the age of five have acute watery diarrhoea. Admissions to our inpatient therapeutic feeding centre have jumped. Clean water and hygiene are absolute priorities. In one month alone, we delivered 15.2 million litres of chlorinated water and treated a further 69.3 million litres for others to distribute.”

Far more attention and commitment are needed; areas such as the Annex have all but been abandoned by the world.



To reduce the risk of virus transmission in camps for displaced people, we distributed hygiene kits consisting of soap, bleach, washing powder and information.

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VOICES OF THE PANDEMIC

Patients and staff share their stories from the frontline of the pandemic

“We have no hope for now, but perhaps one day.”

– Emmanuel, Mbawa camp, Benue, Nigeria

“We know about the coronavirus, but physical distancing is hard. Some rooms accommodate two families. There are still people arriving. Even last week there was another attack that forced people to leave home and come here. There have been others who tried to return to their villages and were killed. When I think about going home, I remind myself that a live dog is better than a dead lion. We have no hope for now, but perhaps one day.



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“I could not breathe.”

– Ghanem Qaid Nasser, Ibb, Yemen

“It started with a high fever, coughing and dizziness. And I could not breathe. For eight days I was on the brink of death. I was transferred to Médecins Sans Frontières, Al-Sahul COVID-19 isolation centre and treated in the intensive care unit for four days. With the care I received here, life came back to me. When I started feeling better, I was transferred to the inpatient department. I thank all medical staff, who helped me survive.”

Orchi lives in a camp for displaced people in Nigeria. He said “I’ve been here a long time. We used to come and go – returning home to farm and then coming back here for safety. But as of last year, it became much more dangerous to go home anymore.”

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“We feel forgotten.”

– Ibrahim, Laylan camp, Iraq

“I have been living in Laylan camp for about a year. There are five of us in one tent, with one shared bathroom for every four tents. I am suffering from high blood pressure and my wife has kidney disease. We got a two-month supply of medications for our chronic diseases from Médecins Sans Frontières, so we are okay on that side.

We do not fear coronavirus. If it happens, it is our fate and everybody has his own time. We know there are ways for protection, like wearing masks and staying away from crowds. Our main problem is food. We feel forgotten.”

“A solution to COVID-19 will be found”

– Muandze Ngui-pang Yi-menyi, nurse, Cameroon

“Nursing is a very noble profession. During COVID-19, the whole world is counting so much on nurses and nursing personnel in general. The pandemic requires us to wear masks while working, so giving patients confidence with a smile becomes difficult. Recently, I was smiling at a patient who was not reacting, and it made me uncomfortable. But later I realised that the patient was not able to see me smile because of my mask. There is a barrier that has been created between me and the sick. But humanity so far has survived many pandemics, and sooner or later a solution to COVID-19 will be found.”

“I cannot get used to broken children’s souls.”

– Katerina Šrahulková, mental health specialist, Moria refugee camp, Greece

“As time goes on, I am taking care of more and more children who harm themselves or have suicidal thoughts. The lack of activities, which are now extremely limited due to COVID-19 measures, contributes to this. The length of time the children have lived in the camp also has an impact – many of them have been here for months. I just cannot get used to broken children’s souls.”



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“We do this together.”

– Ayla Emmink, doctor, Bentiu, South Sudan

“As I increase the oxygen for an asthmatic patient and adjust the medication of the boy next to him, I wonder how long things will be like this. The silence before the storm. This situation creates many uncertainties: about the numbers, how severe the symptoms will be, how fast the virus will spread, how long it will take, whether we will be able to get sufficient supplies, when the lockdown will be lifted. But there is one thing that we know for sure: despite all messages and impossibilities, we have deliberately chosen to stay. We do this together.”

“Wanting to believe in life again”

– Tindano Seydou, nurse supervisor, Burkina Faso

“I work with Médecins Sans Frontières in Kaya, the region that receives the most internally displaced people in the country. The coronavirus, added to the context of my country, is very difficult. One day I received an internally displaced person who had lost all hope of living, but after medical and psychosocial care, this person wanted to believe in life again – it is this kind of meeting that makes us happy during this difficult time. I chose nursing because I want to help people recover their health. This pandemic has greatly affected my life and that of my loved ones, but I continue to work to help others.”

A WAR IN A MINUTE

COVID-19 spreads fast in Beirut's disaster zone

“There were no words to describe the explosion. It happened around 6pm. The walls shook and the ceiling was collapsing. The people shouting in the streets and the noise of glass breaking. There were feelings of total shock, pain, loss, confusion. Yesterday we were talking about the rising cases of COVID-19, and now what? Something bigger. People's lives have changed as of today, as of this minute. I have never witnessed something of this scale happening in my country.”

— Médecins Sans Frontières epidemiologist Krystel Moussally

The August blast in Beirut sent shockwaves through the city and beyond. It killed more than 200 people and injured over 6,500. Around 300,000 people have been left homeless, in a country where one in four people is a refugee, and the population is already suffering hardship and deprivation.

Médecins Sans Frontières teams already working in Beirut immediately responded with emergency medical care, including wound care for those injured, continuity of care for chronic disease patients, and mental healthcare for people affected by the explosion.

COVID-19 immediately added more complexity, with transmission quickly rising in the city as injured people desperately sought medical care and disaster response teams were deployed. Julien Raickman, Médecins Sans Frontières head of mission in Lebanon explained:

“Before the explosion, the public system was struggling to handle the increasing number of COVID-19 cases. Since then, there have been more than 1,500 new cases in a week. This represents almost 25 per cent of all cases reported in the country since the beginning of the pandemic.”

Mental health is a key pillar of our work in Lebanon, and we were able to quickly mobilise a team of nine psychologists to take part in our emergency response. They provided psychological first aid and are now working towards developing a long-term response for people in need.





A team of staff moved door-to-door in the badly-affected Beirut neighbourhood of Karantina, offering consultations and medical care to the people there, particularly those with non-communicable diseases. © Mohamad Cheblak/MSF, 2020.



This photo of a little girl was found on the floor at Saint George Hospital, Beirut. The hospital was severely damaged by the explosion. It had been providing medical care for patients, including those with COVID-19. © Mohamad Cheblak/MSF, 2020.

“Here in Australia our hearts were broken at the sight of this destruction and the terrible impact that this explosion had on Beirut. For any of us who have walked the streets of Beirut, we know the warmth of the people there, the incredible vibrancy of the neighbourhoods that have been struck. We want to acknowledge the pain and the hurt that has been felt” – Jennifer Tierney.



This tent was one of two temporary clinics established in Beirut to provide medical support to people affected by the explosion. © MSF, 2020



A doctor examines Fatima, an elderly woman from Khandak el-Ghamik neighborhood. She had been on the balcony at the time of the blast, and stood still as glass shattered and the doors were ripped off. © Mohamad Cheblak/MSF, 2020

COVID-19 MULTIPLIES THREATS IN YEMEN

FEAR DRIVES PEOPLE AWAY FROM HOSPITALS

Violence not only kills directly, but indirectly through disruption of access to healthcare. The effects of conflict and violence affect every aspect of life: people live in constant fear and may often lack even basic necessities, including food and water.

“With or without COVID-19, the challenges here are endless.”

– Dr Khairil Musa, Aden

After five years of conflict, Yemen’s health infrastructure is at breaking point. Difficult access and movement within the country, as well as very limited testing capability, make the threat of a disastrous outbreak very real.

In May and June, Médecins Sans Frontières treated thousands of patients with complex and advanced COVID-19 in our facilities in Haydan, Khamir, Aden, Sana’a, and in government facilities. Hundreds of them died. We called for greater support from governments and international organisations.

Dr Khairil Musa, from Sydney, described arriving in Aden as COVID-19 hit:

“I arrived in May expecting to work at the trauma hospital, but within a few days of being here I joined the team setting up the only COVID-19 treatment centre in the vicinity. The situation went from bad to worse in a matter of days.

At the time, I described it as ‘hell on earth’ – walking through the hospital and seeing every patient suffocating in front of me. The patients needed intubation, mechanical ventilation, oxygen concentrators, tubing and masks. It was difficult seeing that level of suffering.

It was tough for me knowing that the outcome for these patients would have been different back home in Australia, but here in Aden we did not have the resources. We did not even have adequate personal protective equipment. But we were determined to do the best we could with the little that we had.

By early June, the number of patients admitted to the COVID-19 treatment centre started to slow significantly. The reprieve was a bit of a surprise as we expected it to go on for months. The challenge



Dawla'a was admitted as an inpatient at the Al-Sahul COVID-19 center in Ibb. “I had trouble breathing, so I was transferred here. My health improved. I received comprehensive care for about 20 days. Now my health is good again and I don't need oxygen anymore.”

© Majd Aljunaid/MSF, 2020



This little girl, Basma, was burned while playing and has been confined to bed for four weeks. Her family was displaced from their home in Taiz by conflict.
© Majd Aljunaid/MSF, 2020

is preparing for the fact that there could be more cases out there, particularly in regional parts of the country, where there is limited access to healthcare.

Conflict continues to disrupt daily life and there are many people who do not have access to food or healthcare. My work here has shifted back to the trauma centre and we are seeing a lot of patients from the frontline. In my first week I saw more than 20 patients with gunshot wounds, which at first was quite confronting for me. In Australia we have limited experience with these injuries. The difference is staggering and reflects the situation here in Yemen.

The biggest challenge right now is trying to manage things that feel unmanageable. I have had to learn to do things without guidance from all the advanced technologies like imaging and diagnostic equipment that we rely on in well-developed healthcare systems.

“Our attempt was better than having his son die at home.”

One case that really affected me was one-year-old Jamal, who came in with 30 per cent burns to his lower body. We explained to his father that we do not manage burns in the trauma centre. He had tried every hospital in Aden, but they all refused to admit Jamal. We agreed to take him, to do the best we could with the limited resources we had. His father was adamant that our attempt was better than having his son die at home.

Jamal went on to do remarkably well – he was discharged from the ICU after a few weeks and defied all expectations. It was testament to the whole team looking after him and definitely one of the happiest outcomes I have witnessed. It is an absolute privilege to work with the amazing people that I do and look after the patients that I do.”



“There is no job that seems impossible when you have a good team,” says Cristina Martel Martin, nurse activity manager at Al-Sahul COVID-19 centre, Ibb.
© MSF/Majd Aljunaid, 2020

BLOCKED BY COVID-19 AT EVERY TURN

Even during a pandemic, forgotten disasters continue

Although COVID-19 has been slow to arrive in South Sudan, cycles of conflict continue to destroy people's lives. The day after the first positive coronavirus test was confirmed, violence flared again. Médecins Sans Frontières doctor Jennifer Hulse describes dealing with a mass casualty event during COVID-19:

“We had all been shaken by our first positive COVID-19 swab result just the day before. Then there was a large-scale armed attack on the town of Pieri around 50 kilometres from our hospital at Lankien.

Somehow, I expected only one disaster at a time. We enacted our mass casualty plan as patients began to arrive.

We quickly filled our official 80 beds, then started using other areas of the hospital. Many of the gunshot wound patients required operations. Some of them needed urgent surgery, or they would die. We have no surgeon here at Lankien.

We can do a lot for a small hospital with limited resources – transfuse blood, insert chest drains to re-inflate punctured lungs – but these patients needed more.

The Médecins Sans Frontières surgeon who had just flown in was still under two weeks mandatory quarantine in the capital Juba, frustratingly close but unable to help. The virus was blocking us at every turn.

We got permission to airlift a maximum of eight patients to a different surgical hospital in the capital. Our plane can fit eight patients if they are all sitting, but only five to accommodate stretchers. The issue now was choosing who to send, one of the most difficult situations I have ever faced.

We decided all eight patients would have to do the journey seated. I spoke to them, the ones with abdominal injuries or terrible wounds who I knew would find it hardest. They all agreed they could try, if it meant fitting more people on the plane. We practised sitting upright in bed to check it was possible.

The whole town had assembled to watch. We struggled not to tangle their heavy limbs and IV lines and tubes, in a tiny space too small for us to stand.

Each patient was propped up with blankets, then strapped in place.

It is only 90 minutes, we kept reassuring them, and ourselves. I was anxious it would not work and I would have to choose three patients to take off the plane.

I felt a huge sense of relief as the plane rumbled down the dirt airstrip and disappeared. Nobody was going to die on us for lack of surgery.

All of them are alive and now recovering.”

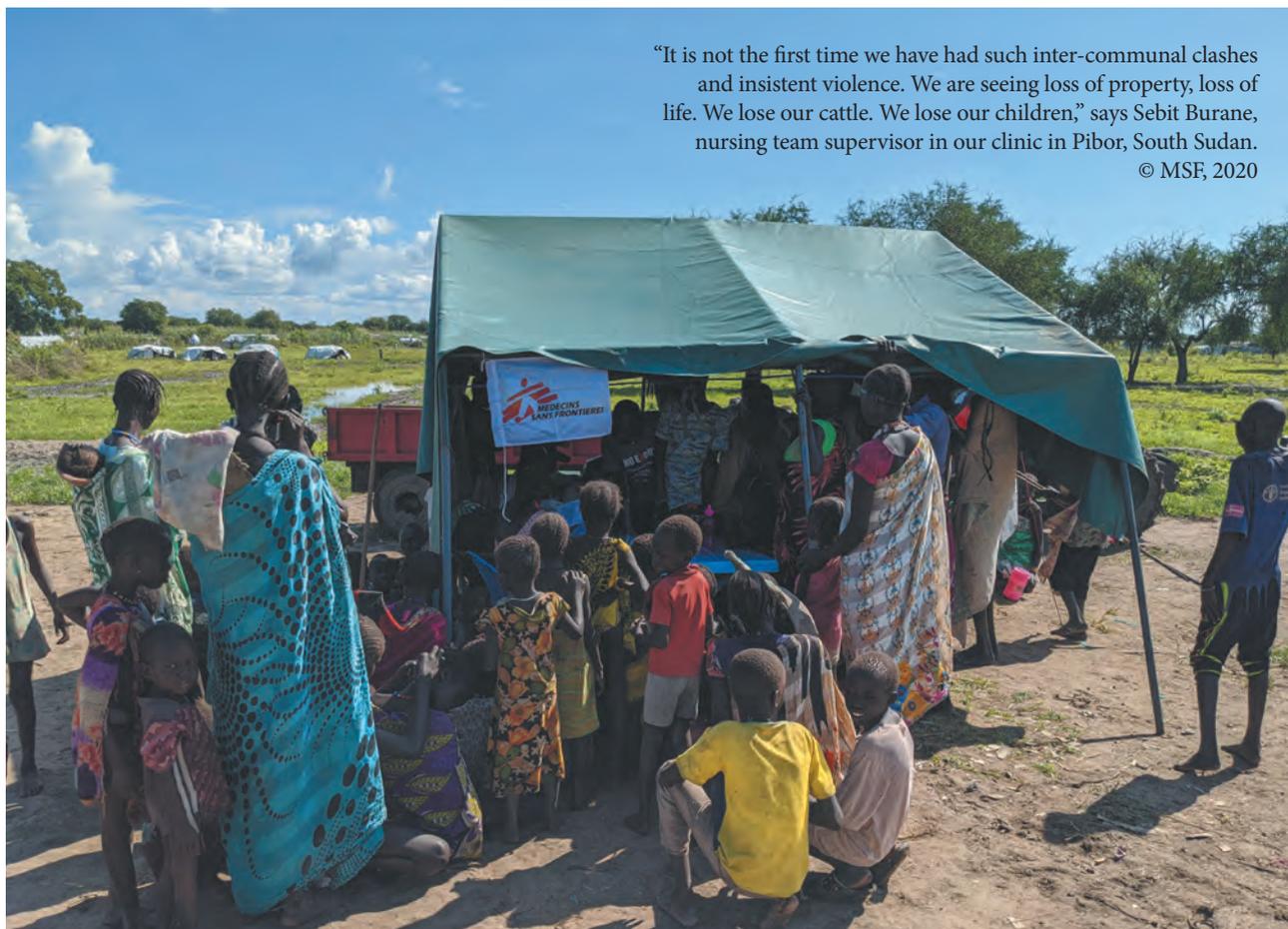
Gatwich, from Jonglei state, was treated by operating theatre nurse Bateah at Bentiu Hospital in the Protection of Civilians site.

© Caterina Spissu/MSF, 2020



“It is not the first time we have had such inter-communal clashes and insistent violence. We are seeing loss of property, loss of life. We lose our cattle. We lose our children,” says Sebit Burane, nursing team supervisor in our clinic in Pibor, South Sudan.

© MSF, 2020



In the first week after reopening our Pibor clinic, our teams treated 11 patients with gunshot wounds. A patient told us “today is the first time I have had access to a healthcare facility since February.”

© MSF, 2020



CONFLICT AND DENIAL

COVID-19 spreads fear in Afghanistan

The major transit city of Herat has become Afghanistan’s second COVID-19 hotspot as people have begun returning home after being displaced by the conflict. In just one month, more than 159,000 people returned to the war-torn country.

Médecins Sans Frontières opened a COVID-19 treatment centre in Herat’s Gazer Ga hospital in June as patient numbers increased, amid denial, rumours and increasing fear about the virus. A chronic shortage of testing capacity has added to people’s challenges, as Claire San Filippo, Médecins Sans Frontières project coordinator in Herat explained:

“After four decades of conflict, the COVID-19 outbreak is exacerbating an already dire situation in Afghanistan. This unit will provide care for patients with severe conditions and support the Ministry of Health.”

The first patient our teams treated was Mohammed. Like many Afghans, he was sceptical about the existence of COVID-19. When he first got symptoms, he tried traditional medicine, but then his condition became severe. He said:

“At the beginning I did not take it seriously. Then my condition deteriorated. I had all the symptoms and realised that this virus did actually exist. I preferred not to tell anyone about it. The next morning, I went to the regional hospital then was transferred to the Médecins Sans Frontières centre.”

Despite the impact of the virus on his health, the economic fallout caused by the pandemic is more of a problem for Mohammed. More than half of Afghanistan’s population lives on less than US\$1 per day, and Mohammed’s financial situation has significantly worsened. He added:

“COVID-19 has affected my whole life. I will not be able to find a job because with COVID-19 there are no jobs. My sons were working, earning money for the family, but now they cannot find daily labouring jobs either.

There are six of us at home. Before coming to hospital, I spent a huge amount on nutritious food for my wife and children so they could build themselves up ahead of the virus, in case they are infected too. I do not know what will happen next with work.”

The gateway to our new 32-bed COVID-19 treatment centre in Herat, Afghanistan. We are focusing on treatment of patients with severe COVID-19 in need of oxygen therapy.

© Laura McAndrew/MSE, 2020



Two doctors examine the X-ray of a COVID-19 patient admitted to the facility in Herat.
© Laura McAndrew/MSF, 2020



LIVING IN ALARMING CONDITIONS

For people fleeing violence in Cameroon, COVID-19 is one more emergency

“Ongoing violence and movement restrictions mean health centres have been deserted or are no longer able to function,”

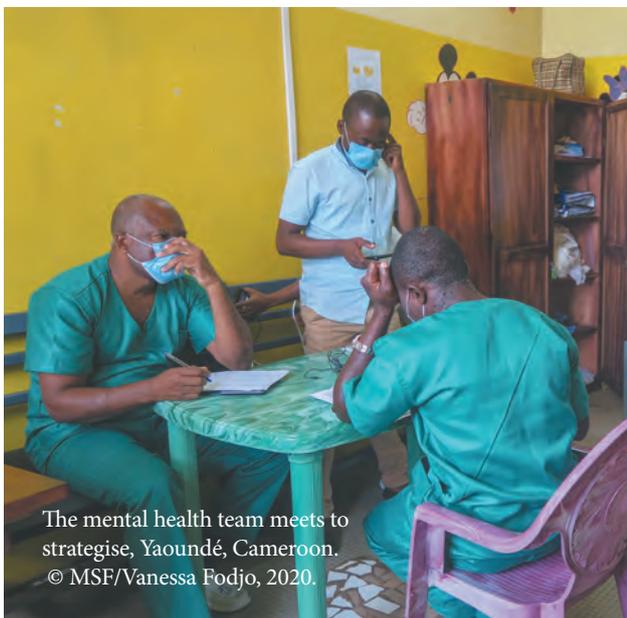
– Shahbaz Khan, Médecins Sans Frontières project coordinator, Cameroon.

Three years of deadly conflict and violence have displaced 680,000 people in the North-west and South-west regions of Cameroon. Médecins Sans Frontières is one of only a few providers of medical care for over two million people, in urgent need of medical and psychological assistance. While violence and displacement continue, we are also supporting the COVID-19 response.

In Saint Mary Soledad hospital in Bamenda, the capital of the North-west region, all of our beds are occupied, and the outpatient consultation room is full. We also run a 24/7 ambulance service. Médecins Sans Frontières doctor Jifon Edwin Fonyuy explained:

“Our ambulance drivers work day and night, and last year transported more than 7,300 patients. In the emergency room we treated over 2,000 people and performed 1,500 surgical procedures.”

As well as treating survivors of violence, our teams handle emergencies ranging from birth complications to perforated ulcers, severe malaria, respiratory infections or snake bites.



The mental health team meets to strategise, Yaoundé, Cameroon.
© MSF/Vanessa Fodjo, 2020.

VOICES FROM THE VIOLENCE



© Albert Mastias/MSF, 2020

Paul – saving a farmer’s hand

Young farmer Paul was tortured and shot by attackers. The public hospital could not treat him but referred him to us. Dr Jifon said:

“Paul arrived here with five bullets in his body. One in each hand, two in the arm and one in the thigh. Our surgeons have operated on him twice. He is now out of danger. His left hand was in a very poor condition, but we managed to save it.”



© Albert Mastias/MSF, 2020

Felix – surviving trauma

Felix, 23, and his family were attacked while they were sleeping. His family escaped, but he was caught and his left hand cut off. His attackers left him unconscious.

“I lay bleeding on the ground for two hours before my sister dared come back for me. We hid in the forest for two weeks. I was given traditional remedies, but my arm became infected. Someone told us that the doctors here could help me.” Our medical team not only treated his physical wounds but gave him mental health support too.

“Felix is impressive,” said Dr Jifon. “His wound is healing well and there is no longer any trace of infection.”

THE RACE TO TRACK AND TRACE IN CAMEROON

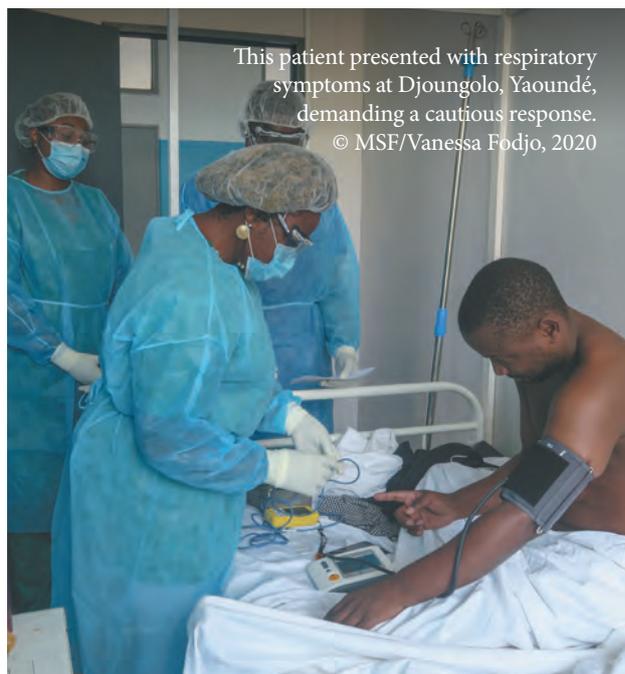
The importance of rapid diagnostics to fight the pandemic

According to the World Health Organization, fewer than 5,000 beds are available for use in intensive care units in 43 African countries during COVID-19. This is about five beds per one million people, compared to 4,000 beds per one million people in Europe. A large-scale outbreak of COVID-19 could quickly overwhelm health systems with catastrophic results.

Médecins Sans Frontières and ministries of health take effective action to quickly contain the disease, track cases, and set up strategies to identify and investigate outbreaks. However, the data available on the current pandemic remains incomplete because of the testing capacity.

At the beginning of the outbreak in West Africa, for example, only Senegal was able to test for coronavirus. Today, almost all countries in the region can identify the virus. Yet they are still limited by their ability to have real-time tests available and to get the necessary supplies.

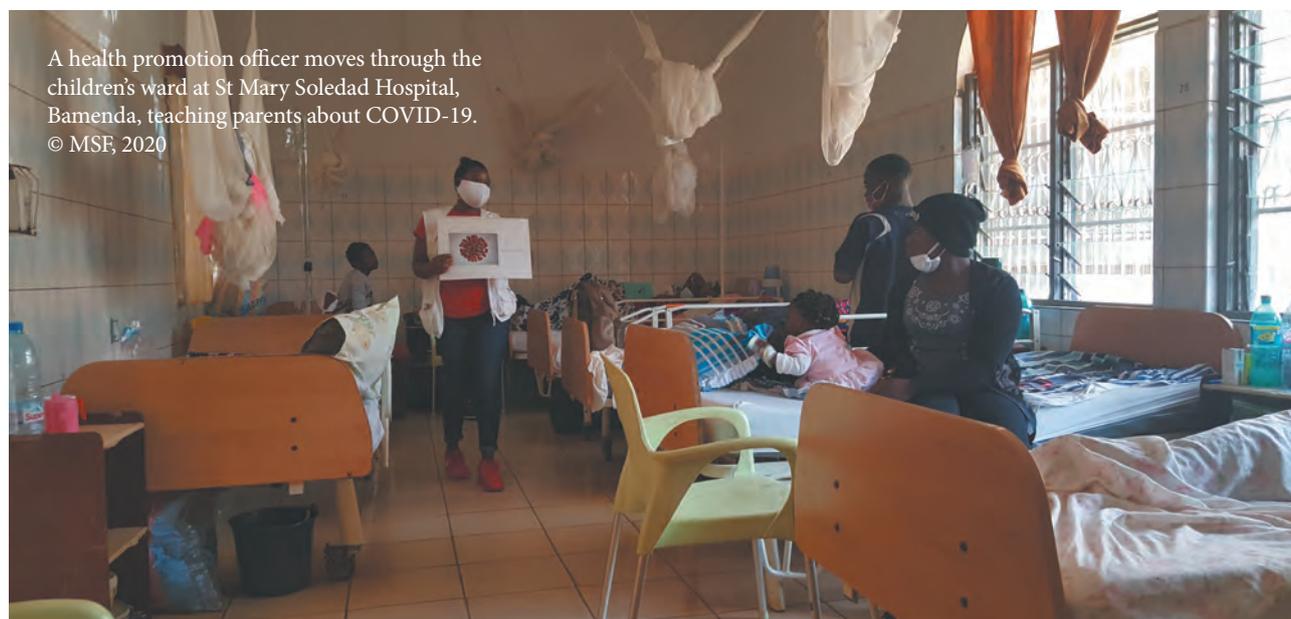
Yap Boum from our epidemiology research centre in Yaoundé, Cameroon, updates on the latest news from his country. “There are now over 20,000 cases across the country. In the capital, Yaoundé, the main hotspot of infections, we are caring for patients at Djoungolo hospital. While the number of cases is significant, the number of deaths is still low compared to what we have seen elsewhere.



This patient presented with respiratory symptoms at Djoungolo, Yaoundé, demanding a cautious response.
© MSF/Vanessa Fodjo, 2020

We are supporting patient tracing and epidemiological surveillance, as it is epidemiology that allows us to have this information and to guide our work. Fewer people are coming to hospitals at the moment, so we need to ensure they have easy access to care. To fight the pandemic in Cameroon, we run community information sessions, follow-up home visits for moderate confirmed cases and referrals to hospital for severe patients.

We are now working on a mobile screening strategy, which would allow us to install mobile testing teams in markets, universities and high-traffic areas.



A health promotion officer moves through the children's ward at St Mary Soledad Hospital, Bamenda, teaching parents about COVID-19.
© MSF, 2020

OUT OF SIGHT, PEOPLE SUFFER FROM INCREASING VIOLENCE

“COVID-19 is not necessarily people’s main concern: for thousands of displaced people and host communities, simply surviving is already hard enough.”

– Abdallah Hussein, Médecins Sans Frontières head of mission, Burkina Faso

More than 920,000 people are currently displaced in Burkina Faso. After four years of conflict, they endure violence, poverty and recurrent epidemics. Médecins Sans Frontières has been working in Burkina Faso since 1995, and provide medical assistance and clean water to the populations of the Sahel, Centre-North, North and East regions.

At the start of the pandemic, our teams immediately set up treatment centres in the capital, Ouagadougou, Bobo-Dioulasso, and Fada. They also support health facilities and run community engagement and awareness activities.

Equally important are our ongoing programs for deadly diseases like malnutrition and malaria that threaten lives daily. Preparation for the pandemic should not overshadow other acute needs, explained Abdallah Hussein, Médecins Sans Frontières head of mission in Burkina Faso:

“COVID-19 is an emergency within an emergency. It is just one of many priorities and it should not drive away resources from other lifesaving medical activities.

It is essential to keep this pandemic under control and to prevent any knock-on effects, but that should not be done at the expense of other humanitarian initiatives.

People are afraid the rainy season will destroy their makeshift shelters; they fear hunger and thirst, rather than a virus that has not yet reached the area. Tackling the pandemic should remain a priority, but it must not overshadow other acute needs.



© Noëlie Sawadogo/MSF, 2020



A medical staff member greets a child in the children’s ward at Titao, Burkina Faso
© Noëlie Sawadogo/MSF, 2020

THE FOUR-TONNE MACHINE THAT COULD SAVE LIVES

Adapting our programs to make them safer is crucial during the pandemic. But this is also the time for innovation. Logistics specialist Kim Comer explained how her team had to quickly change tack to help prepare for the arrival of COVID-19 in Burkina Faso:

“I came here not because of COVID-19, but because of a different crisis. People are being forced to flee their homes to escape armed violence. When food is short in the summer, and the malaria season peaks, these people will be really vulnerable. I had come to prepare, so we would be ready to provide the best assistance possible later in the year. But then COVID came.

Médecins Sans Frontières has been putting huge resources into preparing for COVID-19.

Our medical department made clear that every patient treated for severe COVID-19 symptoms will need a large amount of medical-grade oxygen. Bobo-Dioulasso has fewer medical facilities than Ouagadougou, so was where we could make the biggest impact.

We are used to providing oxygen therapy using small, portable concentrators. But such a large amount of oxygen, delivered to so many beds? That was unprecedented for us. But COVID-19 is a new



A group of women look at the raw materials that may become their shelters for who knows how long.
© Noëlie Sawadogo/MSF, 2020

disease. We are learning new things about it all of the time. And that means new equipment and new ways of working.

We identified a potential solution. ‘Oxygen plants’: machines that can generate large amounts of oxygen that is then piped to patients’ bedsides.

These machines are larger than most aircraft doors in terms of height. Being the first one we had ever ordered, we were not sure we would be able to find any plane that could carry it. But a healthcare desert was opening up in Bobo. People were scared to go to the hospital where COVID-19 patients were being treated. We had to get the patients moved to a specific facility, and we had to make sure that facility could offer the right care.

We made an agreement with the manufacturer to provide the machine with a minimal amount of packaging. It travelled by road to our warehouse in Bordeaux. Then by plane to Morocco, and on to Ougadoudou, before arriving in Bobo with the help of a special crane truck – the only thing powerful enough to unload it.

In Bobo, the number of cases was still relatively low, so we were able to get really prepared. Outreach teams were on the streets, helping to educate the community about COVID-19. The piping system was in place. The oxygen plant is up and running and working perfectly.

We have now sent two more oxygen plants to countries that have been hard hit by the disease, one to Chad, another to Haiti.”



Our teams distributed hygiene and shelter kits to displaced people in Silmangué, Burkina Faso.
© Noëlie Sawadogo/MSF, 2020

SHIFTING PRIORITIES IN THE PANDEMIC

On the dual front of COVID-19 and lifesaving medical care

Iraq has been hard hit by COVID-19. As patient numbers increase, Médecins Sans Frontières continues to work on two fronts, trying to tackle the pandemic while still providing essential care.

In Mosul, the scene of catastrophic destruction during the civil war, people are left with a fragile health system that barely meets their most basic needs. With a population of 3.5 million, there is only one hospital bed for every 3,000 people.

In Mosul, in early August, there were 30 times more COVID-19 patients than in previous months. It was clear that the local health system would struggle to control the outbreak.

In east Mosul, we temporarily transformed our post-operative care centre into a COVID-19 facility for isolation and treatment of patients and supported the main facility for referral of COVID-19 patients in the region.

Jacob Coleman arrived as nursing activity manager to help set up the centre. A nurse from Brisbane, Jacob has spent parts of his career working in rural and remote communities, as well as Afghanistan's active conflict zone.

“Everyone is fatigued. But we keep pushing ourselves to make sure everyone is cared for.”



© Jacob at work in Mosul. MSF, 2020



“I have a huge passion for healthcare disparity. I believe that everyone, no matter who they are, deserves healthcare.

We are focusing on responding to the COVID-19 crisis here in Mosul. I oversee the nursing services that include the nurses, nurse aides, infection control, and health promotion.

I have worked with infectious diseases before in Australia: with TB, influenza, leprosy, blood-borne viral infections, like hepatitis and HIV. But this is the first time I have ever worked on such a large scale with an infectious disease.

This COVID-19 intervention is hard. We are being pushed. The nurses are at the bedsides constantly assessing our patients. We have antibiotics where they are indicated. Because it is a virus that attacks the respiratory system, there is a lot of need for oxygen therapy in our patients. We do a bit of everything, really.

A look inside the men's inpatient ward at our COVID-19 facility in Mosul, Iraq. Patients are referred to us from Al-Shifaa hospital, which we initially established but has been handed over to the government.
© Manhal Alkallak/MSF, 2020



It is hard to describe the clinical treatment, because it all depends on what people present with and how acutely unwell they are, and what comorbidities are going on behind the COVID infection.

It is around the clock care, 24/7, long days and long nights of working very hard to ensure that our patients get the best quality healthcare we can give, with what we have. I have a very, very strong team.

The challenge is we have all this information about COVID-19, but it just keeps changing. We are doing what we can to ensure that patients get quality healthcare. But with the COVID-19 situation constantly fluctuating, it becomes hard.

That is why my health promotion staff are one of the most important teams for primary healthcare. They are the messengers. The nurses will see a pattern of certain things happening, and where the gaps in education or information are, then we tell health promotion, "Right. We need to deliver that message. Go."

Our nurses are brilliant too. We have nurses from all ranges of nursing background. They know all about infection control, but we do ongoing training to make sure that wearing the PPE becomes a habit. We developed that chain so there is no break in the chain, which could pose any risk to anyone. Because, obviously, my staff's safety is the important thing. Without them, we cannot deliver quality healthcare.

We treat mainly moderate cases, but we often have times where patients do deteriorate and become severe. One particular patient I remember was a 40-year-old man who was COVID-19 positive with comorbidities, which caused him to deteriorate. After a lot of hard work and clinical management, we were able to get him safe, get him recovered. A week later, he was discharged, able to go home to his family.

He was so happy, so thankful for the care he received from us. You do not look for validation from patients. We are all there to work, but it was so good knowing that we helped him. That was rewarding.

There is always an underlying fear that I or one of my staff will get infected. It could happen. So I put a lot of energy into caring for my team. COVID-19 has made life very difficult. This is challenging and everyone is fatigued. But we keep pushing and pushing ourselves to make sure that everyone is cared for.

We are here for the people. And that is all you can really say, really. Just here for the people."



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A man in a white uniform with a logo on the back is walking away from the camera through a makeshift settlement of tents. The scene is set at sunset, with a warm, orange glow in the sky. Other people are visible in the background, some standing and some walking. The ground is dirt and there are some debris or structures in the foreground.

**THIS YEAR HAS
BEEN ONE OF THE
MOST DIFFICULT
IN MEDECINS SANS
FRONTIERES' HISTORY.**



Nigeria's 'middle belt' states host large numbers of internally displaced people, most of them uprooted by the farmer-herdsmen conflict. An estimated 160,000 displaced people are scattered in Benue state.
© MSF/Scott Hamilton, 2020



Dr Anna-Clara Ivarsson is a Swedish doctor, who travelled to the Central African Republic on her first assignment with Médecins Sans Frontières. © MSF, 2019

Before the pandemic, we were providing emergency aid in more than 70 countries. Many of these were mired in conflict, hosting victims of conflict, or coping with its memory and its scars.

Now, though COVID-19 has disrupted millions of lives and millions of plans, those conflicts rage on, and the people caught up in them are the ones suffering. With your help, we are still there to care for them and treat them. With your help, we're still in more than 70 countries, impartial, independent and neutral. With your help, we are saving lives.

Thank you for being a part of our movement. As Anna Clara Ivarsson, a doctor currently working in our project in Bossangoa, Central African Republic, says:

"All this really makes me think about Médecins Sans Frontières donors around the world. None of this would be possible without them. If you are a supporter, please know that thanks to you, we are able to support patients and hospitals, and also to quickly adjust and act in the crisis situation of a major epidemic. With my own eyes I have seen what a difference it makes."



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Cover: After heavy floods threatened the lives of thousands of people in the Greater Pibor region of South Sudan, our mobile clinics brought urgent care into the conflict zone. Here, one of our staff takes a blood sample for a rapid test for malaria.

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